# THE LANCET.

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CASE OF

## PROLAPSUS ANI

TREATED AT THE HÔTEL DIEU, PARIS, ACCORDING TO THE NEW METHOD

INTRODUCED BY

## M. LE BARON DUPUYTREN.

THERE is no particular fact in surgery, however simple it may appear, which may not give rise to important practical observations. In like manner there are many affections, which, though apparently trifling, are calculated to produce the greatest inconvenience, and yet may be readily removed by means at once simple and efficacious. Prolapsus ani is a disease of this nature. On the 3rd of March 1833, a case was presented at the above hospital, upon which, previous to operating, M. Dupuytren made the following observations:—

"Prolapsus ani consists in the eversion of the inner membrane of the rectum, which, forming a kind of invagination, descends within itself, and at length projects beyond the sphincter to the extent of two, three, four, five, or even six inches. Usually the intestine comes out every time the patient goes to stool; in other cases it descends only when the patient has remained in the standing posture for a long period; while, in other cases, the gut may become everted at any time, which shows that the relaxation is carried to a great extent, and that prolapsus takes place without any effort on the part of the person affected. In general the gut is easily returned; but sometimes the sphincter ani produces such a degree of strangulation, that the projecting membrane becomes at first dark-red, then black, and at length falls into a state of gangrene. Should you happen to see such a case of strangulation as I have described, you are to endeavour to reduce the gut in the following manner. The patient must lie on the abdomen, and the pelvis must be raised conveniently by pillows placed betwen the thighs; some pledgets of wet lint are then to be placed round the base of the tumour, and gentle pressure exercised in order to reduce its volume. After this a compress should be placed on the centre of the orifice of the intestine, which is to be returned by gentle pressure into the abdomen. When reduction by this means is altogether impossible, we may be compelled to have recourse to scarification of the gut, but as the employment of cutting instruments may be attended by ulceration or inflammation of the large intestines, they are to be avoided as much as possible. The same observation is applicable to the use of leeches, which may be followed by external or internal hemorrhage, ulcerations, &c.

"But though the reduction be accomplished, we have still to combat the tendency to prolapsus, which depends on the weakened action of the sphincters, or perhaps on certain causes producing strong contraction of the muscular fibres, inverting the large intestines, such as chronic inflammation. In the latter case, our first care will be to combat the inflammatory action which gives rise to the disease; but when the prolapsus depends on a want of action in the sphincter ani, the best method of cure is that which has for its object the diminution of the cutaneous and mucous parts which surround the anus. The practical question to consider is, How can we best assist the action of the sphincters? Cold-baths alone are frequently sufficient for this purpose; but the remedy is tedious, expensive, and requires constant attention. A better mode consists in removing some of the folds of skin which surround the margin of the anus, so as to diminish the extent of the soft parts which dilate when the patient goes to stool, and to determine adhesion between the skin and neighbouring parts. When the patient is placed in a convenient posture, the operator, holding in his hand a common forceps (with the points rather blunt, so as not to pinch the skin), seizes successively several of the folds of skin which surround the margin of the

anus in a radiated manner, and with a scissors curved upon its flat side, he excises several of these folds as far as the margin of the anus, or even two or three lines further; if the prolapsus be considerable, and of long standing, it will be necessary to extend the excision an inch within the anus; the sphincter ani must not be touched, as the operation concerns only the external tissues."

M. Dupuytren has never seen any hemorrhage or unpleasant circumstance accompany this. The pain of the operation instantly occasions a strong contraction of the sphincter ani, and the inflammation extends for a slight way to the neighbouring tissues. Usually there is no stool for the first few days after the operation. About the eighth day the inflammation begins to subside, but the excretion of fæcal matter continues to produce pain and violent contraction of the sphincter ani. M. Dupuytren has never seen the prolapsus reoccur after the operation.

At the conclusion of the lecture, the Baron proceeded to operate in the manner he had described, upon a young child of three years and six months old. The gut projected about three inches beyond the margin of the anus, and came down every time the boy went to stool. M. Dupuytren having returned the projecting bowel, nipped off with the scissors four or five bridles of skin round the margin of the anus. The little patient lay perfectly quiet, and seemed to suffer so little pain, that immediately on getting up he offered to the Baron an orange, which he had received to keep him quiet, and pronounced his "adieu" with an undisturbed voice.

4. The boy lively, and seeming to suffer little or no pain. A plug has been placed on the anus, and supported by a bandage. No stool since the operation.

5. The little patient seems to suffer some pain to-day when he moves, but is otherwise quite well; has passed two stools since the last visit. The gut has not descended, or even approached the margin of the anus.

7. No descent of the gut; goes to stool regularly, but seems to suffer some pain.

11. The uneasiness has gradually diminished; no accident of any kind has occurred, and the boy was dismissed to-day apparently perfectly cured.

29. To-day the boy was brought by his mother to be examined at the hospital. There had been no return of the prolapsus, or appearance of the internal membrane at the anus, although for the last few days the child had been affected by a diarrhœa, which compelled him to go frequently to stool, and occasioned much straining.

ON THE USE OF A

## STRONG SOLUTION OF NITRATE OF SILVER,

AS AN

## INJECTION IN GONORRHŒA.

*By* PHILIP BURNETT LUCAS, *Esq., Licentiate of the Royal College of Surgeons, Ireland.*

THE only writer with whom I am acquainted who has made mention of nitrate of silver as an injection in gonorrhœa, is Mr. Carmichael, in his valuable treatise on venereal diseases. His brief condemnation of this remedy is as follows:—

"I have been informed by several surgeons, that during the first stage of gonorrhœa, they have succeeded in curing it almost instantaneously, by injecting into the urethra a strong solution of nitrate of silver; for instance, ten or twelve grains to an ounce of distilled water; that this injection caused at the moment great pain, but that no discharge afterwards followed its use, and the further progress of the disease was thus summarily stopped.

"Now although this information came to me through so many respectable channels that I cannot doubt the fact, yet the practice is attended with such risk of exciting severe inflammation of the entire urethra and bladder, and all the immediate as well as secondary train of evils attendant upon this calamity, that I have no hesitation in saying, that it is a practice that cannot be too strongly deprecated."—*Carmichael on Venereal Diseases*, 1825.

Having witnessed, during my studies in Dublin, a case in which it proved eminently successful, without being followed by any of those dreadful evils which Mr. Carmichael anticipates, I was induced to give it a fair trial in private practice; and not having had occasion to regret my so doing, I feel the less hesitation in laying before the profession the results of my experience as to its efficacy, convinced that if it be used with a cautious hand, and at a proper time, no bad effects will result, and that this hitherto-almost-intractable disease will be brought still more under the control of surgical skill.

Looking upon gonorrhœa as a disease produced by a specific virus, confined in its first stage to what has been called, by Hunter, "its specific distance," and incapable of affecting the constitution with any of those secondary symptoms which follow the venereal virus, a surgeon will

have little hesitation in making use of any remedy which will put a sudden stop to the disease, provided that remedy will not, or is not likely to, produce worse consequences than the disease itself. When a sore on the genitals is destroyed by caustic, and the part it occupied speedily heals, the patient by such treatment is not secured from secondary effects; but the matter is far different as regards gonorrhœa. If it be cured by such a proceeding, no constitutional symptoms need be feared to follow. That this doctrine is not universally admitted I am aware, and some surgeons are inclined to the opinion that secondary symptoms may follow; but I am borne out in stating, that the majority of practitioners are on the opposite side; and even Mr. Carmichael, who places gonorrhœa under the head of papular venereal disease, admits that "constitutional symptoms after a gonorrhœa is a *very rare* occurrence."

That I do not arrogate to myself originality in the use of nitrate of silver is clear; with whom the practice commenced is of little moment; my object is to direct the attention of the profession to its value, by a recital of a few cases out of many in which I have used it, and to state the symptoms and results attendant upon the practice.

Case I.—Mr. A. B., aged 30, five days after a suspicious connexion, observed a discharge on his linen of a light-greenish colour, and also one or two stains of a yellow hue. He felt an itching at the orifice of the urethra, and, upon making water, an uneasy sensation not amounting to pain. Upon examination, the lips of the urethra were slightly swollen, and redder than natural. The peculiarity of his situation requiring a speedy cure, he felt no hesitation in submitting to any treatment likely to effect so desirable an object. I accordingly injected the following:—

℞ *Argent. nitrat.* gr. x;
*Aq. rosæ* ʒi. M.

The first application produced a good deal of pain at the moment, which gradually subsided in about twenty minutes. Upon his next making water, he experienced great soreness as far as the injection had reached, which lasted only a few minutes. At bed-time (ten hours after the first injection) I again repeated it, with similar effects. Upon his making water the following morning, *a thick drop of purulent matter* appeared on pressing the lips of the urethra; the soreness was less severe on micturition; no further discharge, and in twenty-four hours all symptoms had disappeared. I have been in daily intercourse with this patient since he first consulted me, and no bad symptoms of any kind have followed.

In all the other cases a similar cure was effected, when the disease was treated within the first forty-eight hours. It would, therefore, be only a useless repetition to occupy your pages with the particulars of them. The following, however, is of some interest as regards *the effect* to be produced by *the injection* on the *seat* of the disease, before a salutary result is to be hoped for. The patient being a member of the medical profession, drew up the particulars; I give the case in his own words:—

Case 2.—Two days after connexion, an unusual sensation at the orifice of the urethra directed my attention to the part, and I perceived a slight discharge. Twenty-four hours after, it increased, but supposing the person I had connexion with would not have deceived me, I hesitated to use a remedy. The day following, the discharge was so great, of a yellowish colour, accompanied with scalding, as to place beyond all doubt the existence of the disease. The nitrate-of-silver injection was used at two o'clock p.m., and at twelve o'clock that night. The following morning the discharge ceased, but there was no appearance of the purulent drop you led me to anticipate. At the end of two days, when the irritation caused by the injection had ceased, the gonorrhœal discharge returned. The injection was used again for two turns, as before, and at the same hours. The morning following, on pressing the urethra, I forced out a thick drop of purulent matter; no further discharge followed, and the pain gradually subsided.

*Failure of the Injection in Gleet.*

I was desirous to ascertain if the strong solution would prove as successful in gleet, and used it in the following cases for that purpose.

Case 3.—Mr. ——, aged 26, contracted a gonorrhœa three months before I saw him, which, after the usual routine of treatment, terminated in gleet. I used the solution four times in two days, without producing effect on the disease. It was satisfactory that no bad symptoms of any kind were produced, although the patient at the time indulged freely, both at dinner and after.

Case 4.—This was a similar case, in the person of a poor man, in which the injection also failed, but did not produce any bad consequences.

*Remarks.*

It is only, then, in the first stages of gonorrhœa that this injection will be of benefit; in gleet it failed altogether; and in the inflammatory stage of the disease, when severe scalding, chordee, &c., are present, I would not be hardy enough to make use of it, but would join Mr. Carmichael in saying, "it is a practice that cannot be too strongly deprecated."

The manner in which nitrate of silver acts so effectually in the cure of gonorrhœa in its first stage, must be by destroying the specific virus, and substituting in its place a simple inflammatory action, which gradually subsides, leaving the urethra in its natural healthy state. To effect, therefore, this object, it is necessary that the injection fully reach the seat of the disease, and that it be well applied to the portion of the urethra between this part and the orifice. I can readily conceive a case where the injection only reached half an inch from the orifice, or was only partially applied, leaving the virus still in operation—the parts not only having to contend against its action, but also against the inflammation produced by the injection. Such is likely to be the case if the surgeon commits the syringe to the hands of his patient, and such actually occurred in one case, where from an imperfect application great pain followed, extending along the urethra to the prostate gland, accompanied by all the symptoms of the second stage of the disease in an aggravated form; which symptoms could not have been much relieved by the patient having taken internally a mixture of balsam copaiba, cubebs, and camphor mixture.

I therefore always apply the injection myself in the following manner:—Having filled the syringe, I compress the urethra with my left-hand, about two and a half inches from the orifice, to prevent its reaching further, and taking the syringe in my right-hand, I inject the solution; satisfying myself that it is well applied to all the intermediate portions of the canal. It is, perhaps, unnecessary to remark, that the syringe should be made of bone or ivory, a black deposite of nitrate of lead immediately taking place when the common syringes are used.

Its failure in gleet I did not at first anticipate, but considering that gleet is probably produced by a weakened state of the parts, or, in the words of Hunter, "that the parts have contracted a habit of action," and that its continuance is so much connected with the constitution of the patient, it is not to be wondered at that local applications will be of but little benefit, and that dependence should rather be placed in internal remedies and cold baths.

In conclusion, I would again impress the danger of using the remedy in the second stage of gonorrhœa. The success amounts almost to a certainty of its curing it in its first stage. Also its failure in gleet.

Cork, April 20, 1833.

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TREATMENT OF

## GLANDERS BY FUMIGATION

WITH CARBONIC ACID GAS.

Mr. Storry, of Pickering, makes the following remarks in the April Number of the *Veterinarian*:—It seems to be the opinion of some of the most eminent men, that there has not yet been found a *certain* cure for the glanders. Mr. Youatt remarks in his lectures, on the difficulty, if not the impossibility, of reaching the seat of the disorder by any means hitherto used. I consider the difficulty not so great, but then the object must be effected by means different from any yet attempted, excepting by myself, as far as I am aware. I proceed to record the treatment of a case of most confirmed glanders in a mare, belonging to Mr. John Barry Smith, of Edston, near Kirby-moorside. On examining her, I found the pituitary membrane in a state of ulceration, and nearly destroyed: there was a discharge of muco-purulent matter, of a most fetid and offensive kind, of a greenish yellow colour, and streaked with blood; the submaxillary glands were somewhat enlarged, and there were other symptoms which left no doubt on my mind that the disease was glanders. There was, besides, an oozing from one of the fore legs, which indicated farcy. I bled, and gave a calomel and aloe purging-ball. I inserted a rowel under the jaw, and dressed it with blister ointment for a few days. I then began to fumigate the nasal cavity, by pouring a sufficient quantity of sulphuric acid upon prepared chalk mixed with water. I also gave, occasionally, black sulphuret of antimony, combined with vegetable tonics, white hellebore, &c. The fumigation, I scruple not to say, reached the seat of the disorder, and, together with the other treatment, effected *a complete cure*. It is nine years since this cure was performed; and I saw the mare repeatedly for five years afterwards, and not the least symptom of the disorder appeared during that period, and I have not heard of the mare since.

I am subjecting another glandered horse to the same treatment, and have considerable hope of effecting a cure, as the case is going on in a very favourable way.

CASE OF

## EXTENSIVE SCABBY ULCERATIONS,

CURED BY VACCINATION.

*By* FRANCISCO FARRER MUNIZ, *M.D.*, *Buenos Ayres.*

(*Communicated by Dr. Epps.**)

JUAN PEDRO, the child of Pedro Toledo and of Anne Maria Escobar, poor country labourers, seven years old, of a remarkably bilious temperament, suffered severely from his third year from extensive scabby ulcerations perceptible on the *head*, the *greater part* of the *forehead*, the *cheeks*, the *ears*, the *neck*, and the *upper part* of the *body*. This cutaneous malady had triumphed over all the remedial measures employed on various and distinct occasions.

Juan Pedro was vaccinated for the first time on the 12th of January 1830, without success. In the same month, a second attempt was made; and, between this period and the 3rd of April, seven more unsuccessful attempts took place. The vaccination, however, performed on the 3rd of April, produced three vaccine tumours on the right arm, and two on the left. Three additional insertions were made on the left side of the neck, the scabs at this place being larger, more numerous and connected, attended with deep and extensive ulcers, like those of the head.

I now notice the PROGRESS OF THE VACCINATION. The third day of the customary symptoms, the primitive infection manifested itself with an energy widely different from what is usual. On the afternoon of the fourth day, the heat and the itching, which had manifested themselves the day previous, were greatly augmented, and the vaccine vesicles were sensibly elevated.

On the fifth day, a vivid elevation, accompanied with severe itching and a mordant heat at and around the incisions, violent internal cramps, and a severe pain at the stomach, associated with febrile symptoms, and a violent irritation of the axillary and jugular glands, marked the progress of the vaccination.

On the sixth day, a transparent fluid distended the vesicles very considerably.

On the seventh and eighth days, frequent horripilations, headach, severe soreness of the limbs, and violent general convulsions, were present.

On the morning of the ninth day, these symptoms were relieved by two copious *vomitings*, and a most profuse perspiration; the latter of which was attended with a peculiarly beneficial effect.

The tenth day brought comparative serenity, the patient being almost freed from his previous sufferings. At this time the vaccinal elevations had taken their full effect, and, on the 12th day, acquired a perfect maturation.

On the fifteenth day, the form of the pustules was well marked. On the 18th, all the crusts presented the appropriate characters. From the 24th to the 26th, they unfastened, leaving in the places o their implantation, deep and unequal cicatrical impressions.

Having thus noticed the progress of the vaccination, I proceed to point out the *anomalies* this case offers.

The first circumstance to be noticed, is the *early* development of the vaccine influence, being evident on the second day.

The second circumstance was the *violence* of the feverish symptoms, increasing from the fourth day; and, in connexion therewith, the extent of the inflamed parts, namely, to four or five inches around the incisions, the margins of the vesicles themselves being extremely irregular and prominent.

An additional singularity was the *elevation* of the vesicles from four to five lines, their *diameter* being from seven to eight; added to which was an abundant suppuration, continuing uninterruptedly for some days without degenerating, although the surface was frequently removed. The humour inclined to a muddy yellow, which continued to flow from some of the pustules at the circumference, even when the centres had already commenced drying and healing.

*The Results of the Vaccination on the Child.*—The humour which came from the scabby ulceration the first day of the insertion of the vaccine virus, was transparent and rose-coloured; the ulcerated surfaces, when exposed, being viscous, blood-shot, and indolent. The skin around was remarkable for its tenuity and its wrinkled appearance, the patient being afflicted with extreme marasmus.

At the fourth day, the ulcerated parts commenced swelling, attended with severe pain, burning and itching, the secretion, at the same time, assuming a natural character. The matter that escaped was glutinous, very abundant, and of a most disagreeable smell. The skin around and at the ulcerated parts, besides being swollen, assumed an erysipelatous character; the cervical glands, on the side on which the incisions were made, were tumid, and considerably softened; the

* Originally forwarded to the Royal Jennerian Society and London Vaccine Institution.

scabs unequal, full of fissures, hard, and presenting a surface moist at the edges and soon uniting, and, after the union, appearing lustrous.

In proportion as the inflammation produced by the vaccination decreased, the irritation connected with the ulcers was augmented; the matter discharged at this time having assumed the consistence of sirup, exhaling also a fetor almost insupportable. The quantity increased daily until the fourteenth day inclusive; that is, dating from the time of the first effectual vaccination of the individual. On the twenty-fifth day after the insertion of the vaccine virus, the suppuration from the ulcerated surfaces and the fetor gradually decreased for nine days, the discharge at the last becoming serous, abundant, and continuing till the thirty-fourth day.

The scabs then commenced unfastening, leaving the invalid with ease. Some old-standing and numerous eruptions on the inside of the mouth entirely disappeared. On the fiftieth day, the ulcers were perfectly cicatrized, and now there is not a single scab to be seen. The invalid was at this period much molested with an inflammation of the ureters, which terminated in an abundant secretion of urine, orange-coloured, with a heavy sediment, very speedily assuming the lateritious colour.

This state of the urinary organs was accompanied with a severe catarrh, continuing till the 12th of June. Henceforward all the more trivial disorders disappeared; and the child, Juan Pedro, that seventy days before was in a most deplorable state of emaciation and of disease, covered with more than one hundred scabs of a most disagreeable aspect, attended with a most disgusting ulceration, now commenced recovering. The skin, by this time, had become perfectly sound, though unequal in some parts, and of various colours. The eyes also, which a few days before were moist, languid, and almost closed, like those of a statue, now acquired their natural mobility and brilliance.

The melancholy aspect of a face, disfigured, wrinkled, and cadaverous, had disappeared; now presenting to the view the colour of health. The whole physiognomy, the action of the limbs, and the regularity of the functions, showed, as it were, the influence of a new and vigorous vital principle.

Finally, at the end of ninety-six days, the strength and the powers of the child were fully expanded; the appetite, the digestion, the increased fatness, &c., demonstrated the happy re-establishment; affording a striking instance of the superior power of vaccination in imparting to the system such a shock as to destroy the processes of disease which had resisted all previous modes of treatment.

The augmentation of the secretions from the ulcerated surfaces by the vaccinal fever is particularly worthy of notice, indicating an excess of vital power being directed to them necessary to produce a healthy secretion; illustrating, along with the other facts, the old and celebrated aphorism, "Febris sæpe sanationis optima causa."

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ON

## CHOLERA

IN

## DOMESTICATED ANIMALS.

In the last number of the *Veterinarian*, Mr. Dick, President of the Royal Physical Society of Edinburgh, and Lecturer on Veterinary Medicine to the Highland Society of Scotland, has employed his pen on a subject of great interest to the members and students of our profession. In an article of twenty pages, under the above title, he has presented the public with an account of the observations made by him in the north on the effects produced by the malignant cholera on the domestic animals that fell under his notice, chiefly as refers to the spring of 1832. As a subject at once "new," as Mr. Dick says, "to veterinary science," and new also to human medicine, and as one which is vitally and permanently important to society, we shall present our readers with an analysis of the facts and views thus accumulated, feeling much pleased that the opportunity has been afforded us of perusing a paper on a topic, which, from the vagueness and uncertainty which pervaded it, so much needed elucidation.

When the malady first approached Edinburgh, Mr. Dick lost no time in personally examining a case in the human being, that he might compare it with what he conceived to be the same or an analogous disease in the quadruped.

On the following day a cow was seized with a strikingly similar affection, and expired in eight hours. On dissection, the post-mortem appearances were so perfectly similar in each of these two cases, that on showing them to Dr. Mackintosh of Edinburgh, that gentleman wished a demonstration of the facts to be made to his class, a desire with which Mr. Dick complied. That the force of the observa-

tions which follow may be rightly weighed, we shall allow Mr. Dick to speak in the first person in our analysis of his article.

If I am correct, he observes, in the analogy that I presume to exist between the disease which I have observed in our domesticated animals and that which affected man, a new view of it is forced upon our notice,—one which would lead physicians to many useful conclusions which human medicine does not afford them. Some medical writers have laughed at the idea of a horse having cholera. They forgot, or did not know, that the horse is almost entirely precluded from exhibiting one of the common symptoms of cholera, by the mechanical construction and situation of his stomach preventing him from vomiting; and that, from a similar cause, ruminating animals neither do nor can exhibit all the symptoms of this disease. Had they set themselves to discover what was the *true pathological condition* of a cholera patient, we could then have better compared notes with them.

In proceeding with the subject, I shall, first of all, take a survey of the health of our domestic animals, as I found it for some time prior to the epidemic.

Early in 1830, an epizootic disease, commenced, by which, for some weeks, several horses in Edinburgh and its neighbourhood were affected. In June it had become serious.

The disease appeared to consist in an inflammation of the mucous membrane of the organs of respiration; the animal weak; *bowels easily acted on*, with a more than ordinary tendency to get *cold in the extremities*. The disease was, however, by no means fatal. In autumn, the disease almost entirely disappeared; but as the weather afterwards changed to wet, with the wind blowing from the east, the disease commenced a highly destructive career. Horses alone were not the subjects of the disease; both cattle and sheep suffered, so that it has been calculated, that of sheep two millions died of the rot during that year. It increased in severity to February 1831, during which, and the two previous months, upwards of 150 cases occurred in my practice, of which about thirty died.

The disease proceeded in 1831, but in a great measure subsided in the autumn of that year; but as the weather became colder it once more appeared, differing, however, in some respects, from its former character. In the commencement of its attacks it seemed to be more directed to the mucous membrane of the larynx; and was oftener ushered into notice by a shivering fit, with colic pains. In November, a farm horse, under my notice, died of an obstinate diarrhœa, and diseases of the bowels became more frequent than for some years past. On the 7th December 1831, my attention wah more especially excited by a horse whics was seized on the previous night with sudden illness, attended with purging, without apparent cause. About seven a. m., he was in articulo mortis. On the 3rd, 4th, and 5th of the month the horse had been purging slightly, but these symptoms had disappeared on the 6th day. After death he was conveyed to one of the fields, during which process immense quantities of watery fæces escaped per anum, with a most intolerable stench. The body was immediately opened. The mesenteric veins were turgid with black blood; the villous coat of the colon had an inflamed appearance, but not well marked; the small intestines contained a yellowish-like mucous fluid, while the large intestines had within them a dark-blue, clay-like, thin fluid, with a most disagreeable odour. The bladder was contracted and empty. The lungs were pale, and rather of a healthy appearance, and the ventricles and auricles of the heart were empty of blood. After this a more than ordinary number of cases of diseases of the bowels made their appearance, the greater number of which were old horses. Although the poorer and worst-fed animals were most affected, those which were in better keeping were not altogether exempted. In one case, a strong cart-horse had his bowels opened to excess for two days by half an ounce of aloes. For the first two weeks of February, not a day passed without one or two cases of diseased bowels occurring in my practice. On two days there were five cases in each day. Amongst them was a mare belonging to a celebrated surgeon, which had diarrhœa for four days; this, however, may be, in some measure, accounted for, because she had had a severe day's hunting, and was observed to be purging before setting out. She was bled, and had aloes ʒiij, with a large allowance of oatmeal and starch gruel. She suffered an intolerable thirst. The fæces were remarkably thin, and, for two days, of a blue clayey appearance, frothy, with a most nauseous smell. On the 5th day the disease began to subside, and on the 6th she seemed well.

But not only have diseases of the bowels prevailed amongst horses, but I had also, within the last four weeks, more cases of the same affection in cows than for as many months before. One cow was seized on the afternoon of 18th February. At four p. m. she was unable to rise, and was purging violently. Her legs were generally extended, with a convulsive tremor her

jaws chattered; her eyes were extremely dull and languid, and she died at 12 p.m. The fourth stomach, and the greater part of the intestinal tube, presented more or less increased vascularity of the mucous coat, more especially that of the smaller intestines. In many places it was highly injected, and there were some spots of ecchymosis. Various portions of the intestines contained fluids of different colours; where the bloodvessels were most injected, there was a bloody-like mucous fluid; where the membrane was less affected, a fluid resembling dull cream was found, while in the larger intestines the whole contents were of a peculiar blue clay-like appearance. The lungs were congested with black blood, and the veins of the brain and spinal chord were fuller than usual. The membrane lining the bronchial tubes, especially in one lobe, presented a considerably increased vascularity.

In the Caledonian dairy, 12 cows were attacked in one week, of which three died; and in these the post-mortem appearances were very similar to the above, with the exception, that in one of them there was a considerable quantity of water in the bladder. In a cow belonging to a gentleman, which I saw just as she was dying, there was a great degree of blueness about the muzzle, which was strongly contrasted with the natural whiteness of the part. I may further remark, although it does not bear directly on the subject before us, that within the last few months I had observed some cases of erythematous disease, which is rather an unusual affection in the horse.

"From what has been stated, it will, I think, appear pretty evident that there existed, for about twenty-two months, up to the spring of 1832, an epizootic affection of the mucous membranes, especially in the horse; and it must also appear, that that affection has offered some peculiarities in its character which deserve attention. While, in the commencement, it was clearly an affection of the mucous membrane of the respiratory organs, there was, at the same time, a more than ordinary degree of excitability of the mucous membrane of the intestines, indicated by the violent effects which small doses of medicines produced upon them. This irritability of the membranes continued even until the above time. Indeed, there had latterly been a still greater determination of disease to the mucous membrane of the intestines than at its commencement. The latter form of the affection is the more remarkable, because, while the horse is sufficiently liable to diarrhœa from overexertion, improper feeding, or too much water prior to severe work, he is so little subject to diarrhœa while at rest, or under proper diet and exercise, that I have been for years without meeting with a case. In fact, I feel compelled to conclude, that the same causes which have been operating upon the human being, have also been affecting the lower animals.

I will now offer my opinion regarding the identity of the disease in man and in brutes.

Soon after the appearance of the cholera in Musselburgh, I happened to be passing a house there just as some medical gentlemen came out from visiting a case, which I was informed I might see. I embraced the opportunity, and found the poor woman in a state of collapse, and at the point of death, having been ill only about seven or eight hours. From what I then and afterwards saw, I was forcibly impressed with the close analogy which existed between the symptoms that occur in cholera and those which are exhibited in the herbivorous animals, while labouring under diseases of the bowels. I do not refer merely to the present epidemical affection, but inflammation or irritation of the mucous membrane of the intestines, more especially the small intestines, at all times; and I must here remark, that the herbivorous animals are generally cut off much more rapidly by diseases of the intestines than man or the lower omnivorous animals. The braxy in sheep frequently destroys a flock in a night's time. Horses will be destroyed in from two to six hours by diseases of the bowels. Dogs, however, are not cut off so quickly. Indeed, I have observed nothing peculiar regarding their maladies during the period that the other animals have been affected; neither have I in swine. This is a fact of some importance; because when we review the progress of cholera, and the habits and food of its victims, we have one explanation of the reason why the disease has been so much confined to the class among which it has made such havoc. In India, one class of the natives, the Hindoos, live entirely on vegetable matter; while the other, the Mahomedans, are allowed to take a portion of animal food; and while the one is cut off at once by the disease, the other is said to stand it much better. And in this country, a great proportion of those who have fallen have been such as to render it not likely that they could obtain much, if any, animal food. The truth of this is partly proved by the advantages derived from the nutritious supplies to the poor from the soup kitchens in Edinburgh.

To return, however, to the analogy of symptoms. The human being presents some little variety of symptoms in this disease. In some, cholera is sudden; in

others, there are premonitory symptoms. The collapse is ushered in by a coldness and shrinking of the features; there are vomiting and diarrhœa; excruciating pains in the bowels; cramps in the extremities; and the skin of the fingers and toes becomes blue. After death the lungs are found somewhat injected; the bronchial membrane is vascular; the villous coat of the stomach is softened, and perhaps reddened; the mucous membrane of the small intestines presents an injected state of its arteries and veins; the mucous coat is softened, and has in some cases small patches of ecchymosis. The membrane of the intestines is somewhat black in its appearance; and this may even occur throughout them all, especially in those cases which have been cut off with the greatest rapidity; the peritoneal coat of the intestines is not much affected, but is sometimes of a pink hue, from the blood shining through it. The large vessels, both in the thorax and abdomen, are commonly more or less turgid with black blood; and the veins of the brain and spinal chord are full of the same kind of blood. The urinary bladder is contracted, and the secretion of urine is suspended; the matter which is thrown off by purging and vomiting is like rice-water, mixed sometimes with flakes of coagulated lymph, and in the intestines it is found sometimes bloody.

Now I have stated that herbivorous animals are sometimes cut off in a somewhat similar matter. It is no unusual thing for a horse to be brought to a veterinary surgeon in the most intense agony. He has, perhaps, been seized within half an hour or an hour; he can scarcely be kept upon his legs a moment; he tosses himself down wherever he is for a moment allowed to stand; knocks his head against the wall, or whatever comes in his way, as if, from the intensity of the agony under which he suffers, he cared not for any other injury. A cold sweat pours from every pore; his eye is fixed, sunk, and glassy; his limbs are convulsed; he sobs, or rather snorts; and a few more convulsive spasms terminate his existence. In others the progress is not so rapid; perhaps the disease, instead of lasting only two or three hours, may, although rarely, continue during as many days.

When a horse in the severer cases of the malady is first brought, the driver or groom generally complains that "he is troubled with a stoppage of his water," and perhaps that his dung is covered with slime. The pulse is, perhaps, raised to eighty, ninety, or above a hundred; it is small and thready, and scarcely to be distinguished in the arteries, while at the heart it may sometimes be distinctly felt. The mouth is generally colder than natural; either dry, with white furred tongue, or filled with a frothy mucus. The extremities and tips of the ears are cold to the touch; the former have become remarkably fine or shrunk. Convulsive spasms soon take place, and he dies. On examination after death, we find there is a great determination of blood to the deeper-seated parts; they are highly inflamed, and the vessels are injected with blood. The symptoms and appearance vary, however, according to the *rapidity* of the disease.

The epizootic which raged at the time referred to, had a somewhat curious character. It was much less destructive than is generally the case with diseases of the bowels; but the diarrhœa was most remarkable, because that complaint in horses is extremely rare. By improper treatment, such as allowing a horse to drink a large quantity of cold water previous to a long journey, such a disease is readily produced; but it is an extraordinary thing to have so many cases at once without any apparent cause. One illustration in proof of the existence of an analogous disease in man and animals I cannot omit, even after what has already been offered. After the disease of the bowels had in a great measure subsided for two weeks, five cases of this kind happened in my own practice, one of which was as well marked with the symptoms of what I have supposed to be cholera, as any that has yet come under my notice. This recurrence of cases has been simultaneous with the recurrence of cholera in the human being in the immediate neighbourhood — the water of Leith. They again then gradually diminished in frequency.

What the direct cause or causes are I am unable to explain. The following fact is, however, interesting. During the prevalence of the disease of the mucous membrane of the respiratory organs in the horse, Mr. Stevenson, of Redside, whose horses were almost all affected, wrote in a letter to me, dated 6th May 1831, "It was a curious fact, that *before* the thunder on Tuesday, the pulse of the black mare and brown horse (two animals which died) rose above 100, but after the storm fell to 70. The pulses of all the horses which were unwell, were affected in the same manner." In all those cases in which the disease appeared in a catarrhal form, the situation of the stable seemed to have great influence in producing it. In farm standings, exposure to the east wind produced it in the animals, or, if the standings were not so situated, the horses most subject to the disease were those the nature of whose work most exposed them to this

wind. Whether the disease is propagated by contagion or not in the human body, in the animals which have come under my care, there has not been the smallest reason to suppose that it was produced by that cause. The treatment of the disease in the lower animals consisted in bleeding, the administration of mild aperients combined with opium, together with a plentiful allowance of warm water, or oatmeal, or starch gruel; clysters of soap and warm water were frequently thrown up; fomentations of hot water applied to the belly; or the belly was alternately bathed with hot water, and, when dry, stimulated with oil of turpentine.

What I have now stated, has been derived entirely from observations made in my own practice; but I have no doubt that many other practitioners have noticed similar appearances.

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## TWO WORDS TO DR. LEE AT PARTING.*

*To the Editor of* THE LANCET.

SIR,—When my Lord Althorp rose, some evening last week, in the House of Commons, after an honourable member had delivered himself of a long and violent tirade against church and churchmen, heaven and earth, and all that is therein, his Lordship said that "the House would hardly expect that he should answer *such* a speech;" and my Lord Althorp was loudly cheered. I shall follow precisely the example thus set me by his Lordship, and say that the profession would hardly expect, or wish me, to answer *such* a reply to my plain and matter-of-facts "parallel," as Dr. Lee has inflicted on your columns. The readers of THE LANCET who have perused my parallel between Professor Lauth and Dr. Lee, as well as the reply of the latter gentleman, must be well aware, by this time, of where the truth lies, and who is in the right. On the one part they have seen a calm and unruffled statement of facts (not one of which, mark that! has Dr. Lee impugned), without any personality; and, on the other part, they have witnessed a repetition, *ad nauseam*, of the pretended points of discovery (without a single new fact or idea), garnished by choice specimens of language and feelings, into which it is to be hoped that the learned Doctor is not often betrayed, as they by no means reflect credit on the profession to which he belongs. His atrabilious disposition may, I dare say, feel relieved by the explosions he has indulged himself with, in his reply, when he asserts that my statements are *perverted*; that I deal in *unfounded accusations*, and prefer charges *utterly destitute of truth*; that I am not choice in my means, *however unfair*, of supporting those accusations; that I am guilty either of *gross ignorance*, or a *wilful misrepresentation of truth*; and that mine is an *ungenerous disposition**. His eye may, at this very instant, be glutting with delight over the lines he has inscribed with these sentences, interspersed, here and there, besides, with the words "jesuitical, concoction, false accusations, wilful plagiarism†," &c. Dr. Lee, I say, may enjoy all the benefits of these explosions, but he shall not move me the fraction of an inch from that line of conduct which I chalked out to myself in this discussion from the moment that I observed his violence at the Westminster Medical Society—a violence which my brethren have done me the justice to acknowledge I met with calmness, as I meet, with commiseration, his present distempered ravings.

The truth lies in a nut-shell, and the Scotch physiologist has not shaken it by his reply. Professor Lauth has anticipated him in every point except the one respecting the condition of "certain large openings in the inner membrane of the uterus over which the placenta, covered by deciduous membrane, is directly applied;" and this *single* point (oh, what a falling off!) we are now told in *italics* by Dr. Lee, *was the great point which it was his object to describe in his paper*‡. This, then, is the discovery! This is the great *quid* which is to bear away the palm of originality from the Strasburg anatomist's lucubration on the placenta, and its connexion with the uterus! Alas, poor Dr. Lee! As you have become so suddenly learned in physiological bibliography connected with obstetrics, and that too only since the appearance of the parallel; and as you have found that there are more authors besides Lauth who have written precisely what you have advanced in THE paper of 1831 (pity you did not quote them in that paper), why did you not push the search farther, and look into Magendie's Physiology, besides consulting Wrisberg and Lobstein? You would there have found it stated, that "in women, large openings, which communicate with

* We preserve Dr. Granville's own heading.—ED. L.

* All these choice expressions are to be found in the reply of Dr. Lee.

† Again, see Dr. Lee's reply in THE LANCET.

‡ See Dr. Lee's reply, page 81, vol. 2, 1833, LANCET.

the uterine veins, are observed on that part of the uterus to which the placenta adheres." The discovery of such a coincidence with your own observation, in a writer who preceded you by about ten years, would have pleased you, and the more so, if, by looking a little further, you had detected also, that your conjecture respecting the use of such an arrangement of vessels in causing a change in the fœtal blood, was strongly corroborated by similar conjectures expressed by Magendie many years before you,—with this only difference, however, that wherewith the French physiologist is modest and diffident in the adoption of one of two modes, *including your own*, by which the use of the vascular arrangement in question is explained, you are positive on the subject, and employ the words "must be so," although backed by not a single experiment.

Seriously, Dr. Lee, you must acknowledge, that the "parallel" has done you a great deal of good. You had, evidently, read but little on the subject of the placenta and its connexion before you undertook to write upon it. You merely wished to pull the poor Hunters down, and show four things which *they* had no idea of, and respecting which, incorrect doctrines are "even at the present time taught in most of the universities and great medical schools of the united kingdom." Those four things are to be found in your conclusion to the CELEBRATED PAPER in the *Philosophical Transactions*, and are as follows:—1st. "That the human placenta does not consist of two parts, maternal and fœtal. 2nd. That no cell exists in its substance. 3rd. That there is no communication between the uterus and placenta by large arteries and veins. 4th. That there are large openings in the inner membrane of the uterus over which the placenta is applied."

Well, by reading more than you have been pleased to acknowledge having done before, since I stimulated your intellect with "the parallel," you have found out, and yourself have told us in your reply, that, with regard to the first thing, Lobstein in 1802*, had asserted, "*qu'on ne trouve pas dans le placenta une partie fœtale et une autre uterine*;" that with regard to the second thing, Wrisberg, Ruysch, and Lobstein, had maintained, that *the appearance of cells was produced by extravasated injection* †; that with regard to the third thing, a writer who had preceded Lauth by forty years, had distinctly asserted that *there is no communication by great bloodvessels between the uterus and placenta* ‡; and that with regard to the fourth thing, on which you seem disposed, in your reply, to rest, as on your sheet-anchor, for victory, I have ascertained in your behalf, that Magendie had announced the same idea ten years before. You have thus stript yourself so completely, although not without my assistance, of all the points of originality in your alleged discovery of the structure of the placenta and its connexion with the uterus—that if any others exist in THE PAPER of the *Philosophical Transactions*, unknown to me, I must even be satisfied to let you enjoy them.

This, Mr. Editor, is what I have to say to Dr. Lee on the subject of his reply inserted in your journal. With regard to his admonitions as to my future conduct, I should receive them with a smile were I not smarting under a cruel attack of influenza, which has prevented me from dealing with this reply somewhat sooner. Yet I thank Dr. Lee for his advice, and I will try to mend the sad way of my life, so as to retrieve my character from the disgrace of having figured (in most excellent company, by the by) "in the proceedings of the Gardiner Peerage cause before the Lords, the Penitentiary Committee, the Cholera Board," and above all, in the much redoubted *Quarterly Review* §. His advice I receive as a token of the gratitude which I am sure he must feel for me, for all I have had the good fortune of doing towards advancing his interests in this world ‖, as well as his professional experience ¶.

Such evidence of grateful feelings in an old pupil, and assistant (appointed by myself) at two public institutions, is quite refreshing, and will enable me to submit patiently to that malign influence which Dr. Lee so eloquently apostrophised in a letter he wrote to me from Brody, on the frontiers of Russia, on the 13th of December 1824, and which I treasure up with many more of his reminiscences.

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* As quoted by Dr. Lee, in his reply, LANCET, vol. 2, page 10.

† Dr. Lee's reply.

‡ Dr. Lee's reply, page 81.

§ Did the public know, as I do, the truly contemptible process by which the parallel of false passages from the "Catechism of Health," was inserted into that contemptible periodical, by the still more contemptible anonymous reviewer, well known to me, they would not be surprised at the manner in which I treated the article, alluded to with so much glee by Dr. Lee: SILENCE.

‖ "We shall be glad to attend to your recommendation of Dr. Lee. The terms, 400*l.* per annum, travelling expenses, &c. *I conclude that you are answerable for his professional qualifications.*"—*Mem. from the Countess —— to Dr. Granville, October* 22, 1824.

¶ "Many thanks for your liberality in allowing me to see this and many other interesting complaints."—*Letter from Dr. Lee to Dr. Granville, July* 4, 1825.

"May God preserve you from the *odium obstetricum*, and from all the malign influence of the jealousy and envy that surround you. When a little more independent, I shall boldly set them at defiance." (!!) I have the honour to be, Sir,

Your obedient humble servant,

A. B. GRANVILLE, M.D.

Grafton-street, Berkeley-square.

22nd April, 1833.

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## LOST DIPLOMAS.

## BY-LAWS OF THE COLLEGE OF SURGEONS.

*To the Editor of* THE LANCET.

SIR,—You have been kind enough to publish a correspondence which took place between Mr. Myers and the Court of Examiners of the Royal College of Surgeons on his application for a renewal of his diploma, in consequence of the destruction by fire of the one he had originally obtained. The *Medical Gazette* of the same day contained an article noticing a letter of mine which appeared in the *Times* of the 30th ultimo,—an article which was apparently intended as a justification, in some degree, of the mode of procedure which the court had thought proper to adopt. It would appear that on more than one occasion the court had been subjected to gross impositions by persons who, having sold their diplomas for some sinister purpose, made application for duplicates on the pretence that the originals were irrecoverably lost. The court having discovered that they had been duped, enacted a by-law to obviate a recurrence of so sad a disaster, sagely considering that the penalty of five guineas by way of charge for a certificate of being a member, (refusing, under any circumstances, a duplicate diploma,) would be sufficient to deter any unworthy member from a like attempt at imposition. But, Mr. Editor, would the means devised be likely to answer the purpose intended? I should say decidedly not, for I conceive that no man would sell his diploma unless on some extraordinary occasion, when the benefit that would be likely to accrue to him or to the purchaser would place the paltry sum of five guineas quite in the shade; therefore I contend, that the by-law in question is totally inadequate to the purpose for which it was originally intended, and by being suffered to continue in force, operates most prejudicially on the honest members of the College, especially on those who may meet with such a misfortune as did Mr. Myers. I cannot believe that the original framers of the by-laws could have contemplated the refusal of a second diploma or certificate, *free of expense*, under such circumstances as those in question; nor could they for a moment have supposed, that their successors, members of a liberal profession, would have been tardy in correcting the errors which they unwittingly had committed. The present Council have, I believe, found it convenient to enact additional by-laws, to which they have, without much difficulty, obtained the sanction of the judges. Surely it would not have been more difficult to obtain a like sanction for the revision of the former by-laws, the revocation of many of which is a great desideratum, for certainly in such an enlightened age as the present, the existence of some of them reflects no great credit on the names of the judicial authorities by which they are supported.

It is not quite fair to tell us, that having signed the by-laws, we acquiesce in all their obnoxious provisions. I think I may venture to assert, that there is scarcely one in ten who becomes a member of the College, who knows *what* he signs. The honour of becoming a member, is, to the mind of a young man who has not long emerged from the slavish trammels of a five-years' apprenticeship, which, thanks to the vile Apothecaries Act, has pretty effectually excluded him from the acquisition of much worldly wisdom,—is generally sufficient to prevent his examining with much caution any minor considerations that append thereto. Indeed, under the present system, I much question whether the diploma would be granted him, unless he signed the by-laws, even although he had proved himself, on his examination, competent to the duties of his profession.

We are promised some alterations relative to the government of the Royal College of Surgeons. Let us hope that the new regulations will be based on the broadest principles of liberality. But I, for one, am free to confess, that I fear we must not expect much until a parliamentary inquiry be instituted into the abuses of a corporation, whose charter was so surreptitiously obtained as was that of the Royal College of Surgeons.

I am, Sir, your obedient servant,

WILLIAM ECCLES.

Union Court, Old Broad Street,
April 8, 1833.

P.S. Since writing the above, I have been informed that a gentleman of the name of Whiskard, who lived in Aldgate a few years ago, whose house was burned down, paid five guineas for a certificate. I ought to have mentioned in my former communication, that Mr. Myers did not

accede to the proposal of the court; he rejected with the indignation which it deserved, the idea of purchasing that which he considered to be his right, nor would he have compromised his independence by going through the farce suggested by the *Gazette*, of paying the demanded sum, and again accepting it at the hands of the court. It is quite right that preventive measures against impositions should be adopted; but when respectable members of the College adduce testimonials and *affidavits* of their grievances, common justice demands that their applications should receive the most prompt and attentive consideration.—W. E.

## LONDON MEDICAL SOCIETY.

*Monday, April 22nd*, 1833.

Mr. KINGDON, President.

### THE INFLUENZA.

THE prevailing epidemic has, naturally enough, been the subject of discussion here, since it raged. Last Monday it occupied the entire attention of the members, and this evening it again came under consideration. The PRESIDENT now introduced the subject by expressing his fears that the affection was a more serious one than the public seemed generally to apprehend. He had heard, he said, of no less than nine lords and ladies who had been carried off by it, or through its indirect agency, in the course of last week. He begged that the members present (a very small party) would communicate their views as to its character and treatment.

Mr. BRYANT, and other gentlemen after him, complied with this request, but the opinions expressed, very ill assorted in some of the chief particulars. The views were at first as various as the speakers who propounded them, though, as the descriptions went on, and contrarieties were discussed, more congenial impressions prevailed. It is worthy of note, that however simple, or however complicated, may be a disorder which is debated at the medical societies, the characters ascribed to the disease, even by physicians or practitioners who are living in the same street, are, in five cases out of six, so diverse,—the nature of the symptoms, their arrangement, importance, order of accession, violence, universality or casualty, occurrence or non-existence, subjection to particular medicines or obedience to no treatment at all,—are so diversely described, that a stranger to the phantasmagoric characters of medical practice, would set down the climate, the ages of the patients, and the nosology of the disease, to be fresh in each speaker's circle of observation. Probably by the close of the evening, when numerous comparisons have been made, points conceded, and modes of expressions modified and explained, the opinions may be found to be so far assimilated, that there will not be more than three sets of opponents in the room,—each gentleman ranging himself under the banner of some leader whose views are firmly enforced, and nearest in accordance with his own. Without attaching names to the opinions which follow, let us illustrate part of this statement by a reference to the present occasion, giving the observations much in the order that they fell from the speakers.—*One Gentleman* regarded the influenza as an acute catarrh at its commencement, which, from the depressed state of the patients, and their general inability to bear bleeding, required depletion to be conducted, if attempted at all, only with the utmost caution. Calomel and antimony, with external irritation to the chest, he regarded as the best remedial means. *The next Speaker* said, that he could not bring himself to consider the influenza as essentially and abstractedly in itself a disease of the pulmonary apparatus, as some described it, for out of 28 patients in a particular ward, 22 of whom had been attacked by the affection on the present occasion, only three cases had been marked by expectoration. The remainder had suffered simply from headach, shivering, pains in the limbs, and tightness across the chest, and all of them recovered easily. The three yet laboured under the attack. As regarded the seriousness of the epidemic, excepting where the patients already suffered from bronchitis, pertussis, or pneumonia, he had not witnessed a single dangerous symptom in any quarter.—The third speaker, *A Physician from the South*, described the epidemic as a very mild one as it generally presented itself. Its character, he said, was that of a fever which especially attacks the mucous membranes; the Schneiderian membrane, or the membrane which lines the bronchial tubes, being the more commonly affected. Some of the cases, however, though in most instances the disease was so mild, were of a most formidable, of a most dreadfully distressing character, and destroyed the patients in spite of every effort that art could suggest. Such were the cases, not few in number, where peripneumony or pleuritis supervened, which at the present period could not be cured like common peripneumony, with calomel and bleeding, for the inflammation was of a *specific* character, and defied the usual treatment. The

respiration in one lung had been in some of his patients totally stopped for several days, while he hourly feared the total closure of its fellow. With regard to the other characters of the disease, an affection of the head was a prominent one, and this he considered was brought on by the disturbance in the pulmonary apparatus being so great, that the blood could only pass through the lungs with the utmost difficulty, thus causing congestion of the cerebral vessels.—*A Physician from the West* was surprised to hear this latter opinion, for, in all the cases he had seen, the head affection took priority of all the other symptoms. As to the fatality of the disease, he thought the public laboured under a deception. The medical journals had treated it as a mere bagatelle, yet he had himself already seen nine deaths from peripneumony supervening on the attack of influenza, and he expected many more.—*The Physician from the South*, in justification of his view, here replied that the head experienced both a primary and a secondary affection, the latter (the more distressing of the two consisting of increased vascular action about the cerebral vessels) the result of the disorder in the respiratory apparatus.—With this statement his antagonist did not agree, declaring that he had been totally unable to distinguish any division in the cerebral attack, which was the direct effect of the poison of the epidemic.—*A Physician from Another Quarter* expressed his opinion, that the affection of the head was the most peculiar of the symptoms, and said that he certainly had seen many cases in which it was neither first nor last, primary nor secondary, but existed without any affection of the chest, while, on the other hand, he had seen the affection of the chest repeatedly unaccompanied by any attack in the head. The affection of the head, however, with great pains in the limbs, were very striking characters in most cases which he had treated,—sometimes complicated with cough, and attended by paroxysms of expectoration, the respiration not being affected at all. These were what he regarded as pure instances of influenza. His most desperate cases had been those in which the patients were previously asthmatic. In them, no treatment appeared to avail. No others were fatal.—*The Physician from the West* could not consent to admit that previously-diseased or predisposed individuals were the only persons fatally attacked. He quoted, in support of his opinion, two cases. One of them was that of a nurse, a remarkably fine and healthy young woman, who was in attendance on a lady of rank in the early part of this month, and who, five days after her engagement commenced, took the epidemic, went home, and speedily died. The other case was that of a young man, equally strong, and free from all kind of disease, who was now in a most dangerous state from an attack of the epidemic. One lung was entirely filled up, and the other was speeding to a similar state. He had been bled once to eighteen ounces, which alone protracted his life.

Many other remarks were made. One gentleman said he was attending cases which were terminating in typhus, and that he expected that typhus was about extensively to prevail. Another practitioner recommended, from his experience, colchicum, to stay the pains in the limbs. A third advised a very active treatment of the first attack, bleeding being amongst the remedies. A fourth thought that the indications directed very simple remedial means—a calming of the irritation, tincture of hyosciamus, carbonate of potash, camphor mixture, and mucilaginous drinks. Some post-mortem examinations were mentioned, but the appearances did not seem to differ from those which are usually observed in deaths from pneumonia. Time at last stopped a farther addition to the catalogue of ills and remedies, and the Society adjourned. Amongst the speakers were, Mr. Bryant, Mr. Dendy, Dr. Johnson, Dr. Whiting, Dr. Burne, Mr. Burt, and Mr. Headland.

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## WESTMINSTER MEDICAL SOCIETY,

*April 6th, 13th, and 20th*, 1833.

### PHENOMENON OF THE SKIN.—BAYONET CHARGES.

As elsewhere,—the prevailing epidemic has afforded food for debate at this Society. The detail of opinions will not occupy much space; but we have a slight arrear of report to bring up previously.

Two evenings since, the man with the extraordinary skin once before mentioned, exhibited himself to the members. The occasion was "improved," as the Americans say, by Mr. Pettigrew. The entire surface of the man's body is covered by a warty elongation (when in its most natural state) of the papillæ of the skin. On the back of the hands the eruption forms a thickly-set brush of horn. On parts much exposed to friction, the points are worn down to the form of scales. The great-grandfather of this man was found by a whaler in Davis's Straits, in a wild state, similarly covered. He was taken on board, and christened in the captain's name, Lambert. He was ultimately

brought to England, where he begat a son, coated in the same manner, who again begat his like, and so the generation went on to the fourth—numerous births of scaly male children occurring, the females being born with proper human skins. Where the propagation of men brought into the world thus cased, is to end,—who shall tell? The biped armadilloes find no difficulty in wiving. Nay, the present Mr. Lambert says, with regard to his skin, that his good lady "rather likes it of the two." *De gustibus, &c.* An account of his grandfather was published in the *Philosophical Transactions* some years since. The present man moults once a year.

What Mr. Pettigrew said about him we have forgotten. At the conclusion thereof, the subject of gun-shot wounds was broached by some member, when a curious statement was made by Dr. Gilkrest relative to bayonets. He observed that, although he had attended an immense number of wounded men on the Peninsula as an army surgeon—having been at more battles than the Duke of Wellington—he had never once seen a bayonet wound. The fact bears out a statement made some time ago by an officer who had seen much service, that charges with the bayonet never ended in actual collision between the opposing lines,—one party or the other *invariably* yielding before the weapons could be crossed,—those men who were possessed of the firmer temperament succeeding in terrifying the enemy, unscathed, from their position. The living waves approached, but *never* met. Dr. Johnson spoke of this fact as an unsuspected, but a very certain one. We have before heard it amply testified by private evidence.

The chief subject of debate was the folly and danger of groping for balls where their presence occasions no inconvenience. It is a doctrine already amply enforced by all practical writers. Some additional instances were cited by Mr. Arnot and Mr. King. Dr. Gilkrest, excited some interest by relating a case where a ramrod was fired into a soldier's abdomen, passed through, and lodged its extremity in the spinal column, without the slightest evidence of any wound of the intestinal tube, or any organ, occurring, or being discovered when the man's interior was minutely examined some time afterwards on occasion of his death by drowning.

On the following Saturday, an essay on hydrophobia was read by Dr. King.

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### THE INFLUENZA.

On Saturday (the 20th) Mr. Hunt introduced the subject of the influenza. He described such symptoms as he had observed in it, and the protæan character it had assumed, and then described his treatment. He was induced at first to rely chiefly on saline medicines. He now, however, gave moderate doses of calomel, antimony, Dover's powder, and colocynth. He had not bled, nor produced any good effects with opiates, and had found it difficult to get purgatives to act.

Dr. Webster considered the prostration of strength to be a marked feature of the affection, said he believed it was not contagious, nor yet a new disease, and was best treated with calomel, James's powder, rhubarb, blisters, antimony, and quinine. In his cases there was more than the usual facility in moving the bowels.

Dr. James Johnson quoted the epidemic of 1803, as precisely similar in every respect to the present—the two being so alike, that the communications to the journals of those days relative to it, might be transferred to the periodicals of 1833 without detection of the transposition, if the dates and authors' names were changed. He gave his views of its symptoms and treatment, said that the evidence of its contagiousness was on a par with that of the departed cholera, spoke of its fatality in many instances—that of Lord Foley and Lady Paul amongst them—and described his treatment, with calomel, saline purgatives, diaphoretics, hyoscyamus, comp. ext. colocynth, &c.,—suggesting that in some stages good food, wine, and exercise, might be successfully substituted for starvation, purging, and keeping within-doors, and advising young practitioners not to be frightened from local and general bleeding, where symptoms of inflammation exist.

Dr. Sigmond thought that the grand symptom was a feeling of having been beaten all over—observed that Sydenham had said that when an influenza once began, it generally ran all through the year, and considered that in the question of treatment "the non-depletives had it."

Mr. Clapp said he had had his share of practice, and had derived advantage from giving opium as an antidote to the pains; two grains and a half a day for two days.

Many other observations were made hardly worthy especial record, and even the opener of the debate, though he apparently filled several quires of paper with notes, found nothing in the collection demanding comment, when called upon to sum up and reply.

The next meeting will be the last for the season, and on that occasion Mr. Malyn will re-introduce the subject of factory labour.

## LONDON-HOSPITAL MEDICAL SOCIETY.

*Friday, April* 18, 1833.

Mr. CURLING in the Chair.

### GOVERNMENT OF THE SOCIETY.

THIS Society held its last meeting for the season on Friday, when the Chairman said, that they would proceed to elect the presidents and council for the ensuing session. He had a list of names which were recommended by the council, and which should be read to them.

Mr. BIRTWHISTLE said, that on a former evening he had called the attention of the meeting to the annoying interference of this self-elected council, and from the observations which he then made, he concluded that they would not again arrogate to themselves the entire control of the Society, but would allow the one hundred and fifty members of which it was composed to have a voice in the elections. It appeared, however, that he was mistaken, for during the last week a large board had been stuck up with several names written thereon, and strongly recommended by the same junta as fit and proper persons to be in office during the ensuing session. And why, he would ask, were they so? Because, forsooth, the greatest number were members of the present council, and were also connected with the hospital, and the remainder were those quiet, passive, beings who were well suited for their hole-and-corner meetings. If the members had any regard for the well-doing of the Society, and valued their own independence, they would that night make a stand against these dictators. They would show them that they were not to be biassed by party feeling, and further, that they considered that they had an undoubted right to express their sentiments in that theatre without subjecting themselves to be called to an account for so doing by the council. Would it be believed, that if they wanted to bring forward any subject, it must be submitted to the council, who would retire to a private room to discuss its merits, and if they found it not exactly consonant to their wishes, then reject it? The fact was, its rules and regulations were founded in error, and wanted a thorough revising. He would now call their attention to the library belonging to this Society, and he could not but express his surprise, that whilst most of the medical periodicals were taken in, the best in his opinion was omitted, he meant THE LANCET—a work which had done more real good to the school, since it had noticed it, than could have been accomplished by the conjoint efforts of all its professors. Why then was it passed by? It could only be from a narrow-minded prejudice, which they would prove that night should exist no longer. He would tell them that THE LANCET was the only resource they had to rectify abuses, and to compel men to do their duty. It had fearlessly stood its ground, and had maintained and advocated their rights. He thought that if any man deserved well of the profession, it was its editor; he hoped that the work would be immediately ordered.

Mr. LITTLE, the secretary, said that the moment it was known to be the wish of the members that THE LANCET should be taken in, a meeting of the Council was called, and he was happy to be able to inform Mr. Birtwhistle, that it was *carried without one dissentient voice*. He could also assure him, that it was from no feeling of prejudice that it had not a place in the library before, but in consequence of nearly all the members having it, individually, regularly in their possession. (*Hear, hear.*)

### POLYPI UTERI.

After the election of officers, a member related a case which he thought would be interesting, not on account of the rarity of the disease, but in consequence of the absence of all symptoms that might lead to the discovery of its real nature. The patient, aged about 45, mother of three or four children, and having previously enjoyed a tolerably good state of health, was suddenly indisposed. Dr. Davis saw her, and prescribed for it simply as dyspepsia. These symptoms, however, in the course of a few days, became aggravated; there was constant obtuse pain in the epigastric region; food, as well as medicine, was rejected as soon as taken, and her medical attendants concluded that there was organic disease of the stomach—viz. scirrhus pylori. Opium, &c., were prescribed, with the view of alleviating her sufferings, but after existing two or three months with the symptoms enumerated, she died, and, as was supposed, of scirrhus pylori. On the post-mortem examination, the stomach was found to be perfectly healthy. Continuing the examination, two polypi of considerable size were found in utero, and with this exception every organ was healthy. He wished to call the attention of the Society to the suddenness of her indisposition, and the total absence of all the symptoms of polypi, and a very violent sympathetic affection of the stomach.

## THE LANCET.

*London, Saturday, April 27th,* 1833.

From the discussions which have taken place in Parliament and appeared in the newspapers, few of our readers can be unacquainted with the "Factory system," as far as that system relates to the employment, during an excessive period, of children of tender years. Mr. Sadler, of Leeds, the late member for Newark, has exerted himself with his characteristic philanthropy to relieve these little suffering creatures from the torture which, it is alleged, consigned thousands of them to an untimely grave. His Bill, however, was rejected by a boroughmongering House of Commons, and the new or "reformed"—would that we could state *and improved* House—having, by the interposition of Lord Ashley, given its consent to the reintroduction of Mr. Sadler's Ten-hour's Bill, that House at once, and by a single vote, neutralized, for a time at least, the permission thus given—by appointing a Commission, at the instigation of the master manufacturers, to inquire minutely into the effects of the juvenile department of the Factory system.

The motion for appointing this commission was carried by a majority of only one vote, but the authority being given, the names of the committee of inquiry have appeared in the Gazette. They are fifteen in number, and out of the fifteen there are three "Doctors in medicine,"—Sir David Barry, Southwood Smith, and Bissett Hawkins. In the House of Commons, on Tuesday evening last,

"Mr. Hume inquired of ministers whether the medical commissioners were to receive five guineas a day each. When the cholera was raging (said the honourable member), they took surgeons from the medical staff, and employed them in that dangerous service at ten shillings a day each. If, as he was informed, they were about to give private medical men five guineas a day for this service, he must protest against it. There were at least 199 medical men on the staff competent to the task.

"Lord Althorp said, his recommendation always was, not to pay medical men by the day, but to give them a sum of money for executing a specific task. The persons appointed on the committee in question—and there was to be no distinction between medical and other men—were to have 200*l.* each for the whole inquiry, and reasonable travelling expenses.

"Mr. Hume, then, in the face of the House, protested against this. He again recommended half-pay officers, and added, that they thought themselves slighted, because they were employed on the dangerous service of attending the cholera hospitals, while they were carefully excluded from this service, which was a sort of pleasant jaunt."*

Mr. Hume acted with great propriety in bringing this subject before the House, and is entitled to the high approbation of the profession for his zealous interference on this occasion. There are, it will be perceived, three physicians on the Committee; and who are they? Is it not scandalous that the medical officers on half-pay should have been called upon to discharge, for the paltry pittance of ten shillings a day, the onerous and dangerous duties of the Cholera Hospitals, while the members of such a Committee as this are allowed 200*l.* each, together with their reasonable travelling expenses? It was not enough that the surgeons of the navy should be insulted by being ordered not to appear before their sovereign—that both army and navy surgeons on half-pay should be prevented by the abominable Apothecaries Act of 1815, from discharging the private duties of medical practitioners in England and Wales, that they should be thrust into cholera pest-houses, and made to incur the risk of life at ten shillings a day each,—but they must be passed over in the appointment of such a commission as this, for the selection,

* *Morning Chronicle*, April 24th.

in their stead, of such an individual as Bissett Hawkins—the juvenile relative of Sir Henry Halford! Are the Whigs sincere in the expression of their desire to abolish the slaughter of children in the manufactories? If they are, they give but little proof of their honesty in selecting such an individual as Dr. Southwood Smith, who, as a political economist of the ultra free-trade school, sees nothing but folly, doubtless, in protecting human weakness by the strength of human legislation. Of the appointment of Sir David Barry we shall only say, that it appears to be an extremely proper one. He is acute, and is capable of conducting such an inquiry with ability.

But, after all, what inquiry is needed? Children cannot labour more than, nor even, ten hours a day, without the greatest injury to both body and mind. The vigour of the constitution is required at the infant period of life, to build up the materials which shall enable the frame to support the fatigues incident to manhood, and those powers cannot be expended in laborious exercise, without a fatal detriment to the strength and energy of the human frame. The masters of the factories tell us that the occupation of the children in the equable temperature of the factories, is beneficial rather than injurious to juvenile life. Is it that kind of discipline, however, to which the master manufacturers think it right and expedient to subject their own offspring?

But the objections to Mr. Sadler's measure are founded in avarice, and, we must say, on the part of some people, to the difficulties which are apparent in legislating on such a subject. A law for the protection of factory children, necessarily implies that statutes should be framed for the protection of all other children that are overworked, though not employed in manufactories. The children of our agricultural population are not, we believe, half so well off as the infants in the factories. They are compelled to labour at the tenderest years, are made to live on a short allowance of the coarsest food, and are engaged in arduous toil from daylight until dark in summer, and for many hours before and after the rising and setting of the sun in the coldest months of winter. We, ourselves, feel incapable of predicting whether, in the end, a ten-hour-factory Bill will become a blessing, unless it be accompanied by a restriction as to the age at which any child shall be compelled to undertake laborious duties for hire; and unless there be a concomitant measure which shall provide for all unemployed children, the elements of a competent national education. At present the entire fabric of the arrangements affecting the working classes, is one of artifice, difficulty, and cruelty, and efficient remedies for such an unhealthy state of things, will not be provided until labouring men prescribe for their own relief, by electing their own representatives in Parliament. A man possessing ten thousand pounds a year, without the exercise of any care or skill on his part, is totally incapable, by occupation, education, and feeling, of legislating for the relief of individuals who labour at the rate of ten shillings a week each.

Again we ask, at whose instigation two lecturers, who have positive engagements to fulfil towards their pupils, have been chosen to act on the factory commission, to the exclusion of all the half-pay naval and military medical officers in the kingdom. The Whig Ministers affect to contemn patronage, and to act in open defiance of the threats of the Tories. If patronage be not an object with them, why appoint fifteen commissioners, when an inquiry conducted by three respectable individuals would answer every object that can be legitimately entertained by going into such an investigation? Of

course, it is not in our power to divert, by any direct means, the stream of ministerial corruption; but we do hope and entreat, that the half-pay naval and military officers will feel, as they ought, the gross, the deep, the scandalous, insult which has been again offered to them in the appointment of these commissioners. Without a National Faculty of Medicine, medical interests never will be protected, public health never will enjoy its best security, and to the institution of such a faculty let us one and all direct the whole of our powers and our influence; let us dry up, by the salutary process of exposure, every sickening pool of corruption, and denounce jobbing, whether "courtly" or ministerial, in all its deceptive, protean, deformities.

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*The Black Death in the Fourteenth Century, from the German of* J. F. C. Hecker, M.D. Translated by B. G. Babington, M.D. London, Schloss, 1833. 12mo. pp. 205.

The alarmists on all subjects which admit of an apprehension of danger, will find no small portion of interesting matter in this little volume on the terrible subject of pestilence.

Our information concerning the great plague of the fourteenth century is but scanty, or, rather, what information we have possessed relating to it has been scattered through so many volumes and treatises, that it has proved of little value except to those individuals who were acquainted with the dead and many modern languages, and have had sufficient leisure to examine the musty records of ancient times. Professor Hecker, therefore, has executed an useful labour, in throwing together from all available sources the facts which were so widely scattered relating to the frightful plague of the above-named period.

The author having rendered this service to the nations of the civilised world generally, Dr. B. G. Babington, by translating the work into English, has rendered it especially available to the profession and people of this country. When we speak of the *utility* of the performance, we must be understood to limit that expression to the gratification of an excited curiosity respecting the history and cause of events which happened upwards of three hundred and fifty years ago. To this limit, strictly, must the indication of utility be restrained, because the physician and philosopher are left just as much in the dark as to the causes and means of preventing the black plague, as though that disease had never occurred, and as though the work of Hecker, and the volumes from which it was compiled, had never appeared. True, indeed, is it that the weight of testimony is indisputably conceded to the contagionists, and the importance of quarantines enjoined; but, still, it is at the same time admitted, that disease in almost every instance triumphed over barriers of human construction, and the causes of the malady are merely ascribed, physically to convulsive terrestrial phenomena, and morally to the sins of the flesh. In the attempt to explain the former, Professor Hecker has collected into a succinct view, the history of those "mighty revolutions in the organisms of the earth," which shook the foundations of the globe from China to the Atlantic.

"The series of these great events began," he observes, "in the year 1333, fifteen years before the breaking out of the plague in Europe. They first appeared in China. Here a parching drought, accompanied by famine, commenced in the track of country watered by the rivers Kiang and Hoai. This was followed by such violent torrents of rain, in and about Kingsai, at that time the capital of the empire, that, according to tradition, more than 400,000 people perished in the floods. Finally, the mountain Tsincheou fell in, and vast clefts were formed in the earth. In the succeeding year, the neighbourhood of Canton was visited by inundations; whilst in Tche, after an unexampled drought, a plague arose, which is said to have carried off about five millions of the people. A few months afterwards, an earthquake followed at and near Kingsai, and subsequently to the falling-in of the mountains of Ki-ming-chan, a lake was formed of more than 100 leagues in circumference, where, again, thousands found their graves. In Hou-kouang and Ho-nan,

a drought prevailed for five months, and innumerable swarms of locusts destroyed the vegetables, while famine and pestilence, as usual, followed in their train. Connected accounts of the condition of Europe before this great catastrophe, are not to be expected from the writers of the fourteenth century. It is remarked, however, that simultaneously with a drought, and renewed floods in China, in 1336, many uncommon atmospheric phenomena, and, in the winter, frequent thunder storms, were observed in the north of France; and so early as the eventful year of 1333, an eruption of Etna took place. According to the Chinese annals, about four millions of people perished by famine in the neighbourhood of Kiang in 1337; and deluges, swarms of locusts, and an earthquake which lasted six days, caused considerable devastation. In the same year, the first swarms of locusts appeared in Franconia, which were succeeded in the following year by myriads of those insects. In 1338, Kingsai was visited by an earthquake of ten days duration, and thenceforth, till the year 1342, there was, in China, a constant succession of inundations, earthquakes, and famines."

Thus, bringing down the history of these events to Europe, the author observes,

"In the same year (1342) great floods occurred in the vicinity of the Rhine and in France, which could not be attributed to rain alone, for everywhere, even on the tops of mountains, springs were seen to burst forth, and dry tracts were laid under water in an inexplicable manner. In the following year, the mountain Hong-tchang in China fell in, and caused a destructive deluge; and in Pien-tcheou and Leang-tcheou, after three months' rain, there followed unequalled inundations, which destroyed seven cities. In Egypt and Syria violent earthquakes took place; and in China they became from this time more and more frequent; for they recurred in 1344, in Ven-tcheou, where the sea overflowed in consequence,—in 1345 in Kitcheou,—and, in both the following years, in Canton, with subterraneous thunder. Meanwhile floods and famine devastated various districts, until 1347." Soon after the signs of terrestrial commotion had commenced in "Europe, the plague broke out on the island of Cyprus, when an earthquake shook the foundations of the island, and was accompanied by so frightful a hurricane, that the inhabitants fled in dismay in all directions; the sea overflowed, the ships were dashed to pieces on the rocks, and few outlived the terrific event whereby this fertile and blooming island was converted into a desert. Before the earthquake, a pestiferous wind spread so poisonous an odour, that many, being overpowered by it, fell down suddenly, and expired in dreadful agonics."

In connexion with this statement, we may observe that we have heard remarked by not less than twenty respectable individuals residing in this metropolis and its suburbs, that an odour of a very peculiar description prevailed over a large surface of London, on, we believe, the 10th inst., just at the period when the influenza was at its height. We mention this circumstance on the report of others, having ourselves not been cognisant of such a phenomenon.

After the plague had passed through the whole of France and Germany, it did not break out with virulence in England until August 1348, and then it advanced so gradually from Dorsetshire, where it first appeared, that a period of three months elapsed before it reached London. The author thus concludes his chapter on the causes and spreading of the disease:—

"This disease was a consequence of a violent commotion in the earth's organism —if any disease of cosmical origin can be so considered. One spring set a thousand others in motion for the annihilation of living beings, transient or permanent, of mediate or immediate effect. The most powerful of all was *contagion*; for in the most distant countries, which had scarcely yet heard the echo of the first concussion, the people fell a sacrifice to organic poison,—the untimely offspring of vital energies thrown into violent commotion."

This conclusion, as arising from the premises already cited, is obviously illogical and unphilosophical,—at least if the influence of contagion is to be regarded in the usual sense of that term. If the people in distant countries fell a sacrifice where the echo of the first concussion had not been heard, how is the devastation to be ascribed to the influence of human intercourse? That contact was one source of communicating the disease, may, we think, be admitted without dispute, though we think it is tolerably apparent from the facts cited in the chapter on the mortality of the disease, that it was far from being the most prolific source of the

malady. From the department of the work just mentioned, we shall quote two or three passages:—

"Cairo lost daily, when the plague was raging with its greatest violence, from ten to fifteen thousand,—being as many as, in modern times, great plagues have carried off during their whole course. In China, thirteen millions are said to have died. India was depopulated, Tartary, the Tartar kingdom of Kaptschak, Mesopotamia, Syria, and Armenia, were covered with dead bodies. The Kurds fled in vain to the mountains. In Caramania and Cæsarea, none were left alive. On the roads, in the camps, in the caravansaries, unburied bodies alone were seen. A few cities only remained, unaccountably, free. In Gaza, twenty-two thousand people, and most of the animals, were carried off within six weeks. Ships without crews were often seen in the Mediterranean; and it was reported to Pope Clement, that throughout the East, probably with the exception of China, twenty-three millions eight-hundred-and-forty thousand people had fallen victims to the plague."

All the historians concur in stating that the mortality at the period in question was really frightful. Whole cities were entirely depopulated, and in many countries a tenth part of the inhabitants were not left in existence. On examining, however, the various "Histories of England," it is curious to observe that the great plague of the fourteenth century is mentioned in not more than a single paragraph. Rapin, if not the ablest of historians, certainly one of the most impartial, adverts to it in only a few lines, and speaks of it as a dispensation from Providence as a punishment for the immoral excesses of the people in consequence of Edward the Third's great conquest over the army of Philip of France. Thus, to this hour, our notions of the causes of the pestilence are merely conjectural, and whether it resulted from earthquakes, from floods, or from human excesses, is at present entirely beyond the scan of human comprehension.

"My inducement," says Hecker, "to "unveil this image of an age long since "gone by, is evident. A new pestilence "has attained almost an equal extent, "and, though less formidable, has partly "produced, partly indicated, similar phe-"nomena;"—but we cannot agree with our author, that it "leads to an insight "into the organism of the world,"—the peculiarities of that organism not admitting, we fear, of even an approach to demonstration, by the results of pestilence or famine. The translator, Dr. Babington, has a clearer, if not a more feasible, object in view, and we shall conclude this notice by quoting the two paragraphs expressing his pious purpose:—

"I have another, perhaps I may be allowed to say a better, motive for laying before my countrymen this narrative of the sufferings of past ages—that by comparing them with those of our own time, we may be made the more sensible how lightly the chastening hand of Providence has fallen on the present generation, and how much reason, therefore, we have to feel grateful for the mercy shown us.

"The publication has, with this view, been purposely somewhat delayed, in order that it might appear at a moment when it is to be presumed that men's thoughts will be especially directed to the approaching hour of public thanksgiving, and when a knowledge of that which they have escaped, as well as of that which they have suffered, may tend to heighten their devotional feelings on that solemn occasion."

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*Chart of Diagrams, showing at one view all the Decompositions that take place in the Formation of Æther, Alkohol, the different Acids, Alkaline and Metallic Salts, &c., more particularly met with in the Pharmacopœia, and also of the more important Gases, together with a Table of Atomic Weights, &c.* By J. D. Brookes. London. S. Highley. 1833.

Considerable ingenuity is displayed in the management of this chart, which exhibits a demonstration on paper, or a picture, of the various decompositions that are above-mentioned. Works of this description, when carefully executed, prove of very great use to students and practitioners. To the first, by assisting them on the road to knowledge, in enabling them to command a condensed view of certain chemical phenomena with which it is necessary they should be acquainted; and to the second, it is of value, inasmuch as it furnishes them with an opportunity of refreshing their memories

on points which ought never to be forgotten, if the practice of pharmacy is to be regulated in conformity with an improved knowledge of chemistry.

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REMARKS ON

## SUBSTANCES IN THE AUDITORY PASSAGES.

*To the Editor of* THE LANCET.

SIR,—Children in their sports, and adults by accidental and other causes, frequently get foreign bodies into the auditory passages. Cotton wool which has been placed there, either moistened with some medicated preparation, or to keep out the cold air when persons have been affected with tooth or ear-ach, sometimes descends down the passage out of the reach of the person who placed it there, and he, supposing it to be lost, thinks nothing more of it. Probably deafness comes on, and without full or competent examination, the patient is blistered, leeched, has solution of caustic applied to *thin* the membrana tympani, which had become too *thick*, or tinctures, balsams, gall, &c., applied for some reason which the operator himself either could not or would not explain. Yet these very cases I have cured immediately, after a proper examination of the ear, and the exercise of a little mere common sense. In illustration, I shall trouble you with a recent case. Mr. Sheppard, after a bilious attack, went on a little journey; to protect his ears from cold, he placed cotton wool in them. On his return, he found himself deaf on one side, and went to Mr. Curtis, who ordered him blisters, and gave him a prescription, copied from one of Dr. Hooper's elementary works, which I presume the learned gentleman considers a kind of stock recipe, available for all cases, by the frequency of his giving it,—viz. "℞ Fellis bovini ʒss; tinct. castor ʒiss. M. ft. gutt. Acoust. nocte maneque applic." The patient thinking the cotton wool was in his ear, told Mr. Curtis so, but was sharply rebuked, something in the Abernethy style, for presuming to differ in opinion with him. However, to satisfy Mr. Sheppard, Mr. Curtis condescended to make use of his "auriscope," upon the authority of which he positively asserted there was no cotton there, but, as Butler says,

> "Convince a man against his will,
> He's of the same opinion still."

So it was with Mr. Sheppard, who being possessed of a good share of sense, and some knowledge of optics, could not imagine how an instrument something like an opera-glass being placed against his ear, could enable Mr. Curtis to see whether there was or was not cotton there. M. Henry, who a few years ago exhibited his "wonderful deceptions" at the Adelphi Theatre, had a little glass with which he pretended to read any writing through the lid of a silver box; now, the "auriscope" of Mr. Curtis, and the "conjuring glass" of Mr. Henry, are about equally capable of assisting vision in the manner they are used; but there is a material difference in the parties using them. M. Henry advertised his exhibition as "mechanical and optical *deceptions*," and was a clever, well-educated gentleman; whereas, Mr. Curtis is a practitioner who has advertised *himself*, his "newly-invented instruments," his "modes of practice," "HIS *Dispensary* where *all* are cured," and his "Annual Fancy Fair," for some years past, but is not a conjurer.

Mr. Sheppard came to me, finding Mr. Curtis did not render him any benefit, and in the presence of Mr. S.'s family, I extracted the cotton-wool; it had, however, been impacted so closely against the membrana tympani, that the proper action of that fine substance was much injured, and it will be a little time before the tone is restored.

In February 1827, a paragraph appeared, stating that Mr. Curtis had improved a French invention for inspecting the meatus auditorius; the instrument consisted, as was stated, of a "brass band to go round the head, with straps, hooks, screws, and levers, to pull the ear backwards and forwards, and thus lay the meatus open to the membrane of the tympanum." Now, the history of this auriscope is as follows:—A Mrs. R., who had been to Paris, called, on her return, on Mr. Curtis, being attracted by some of his advertisements, and he finding she knew M. Itard, begged of her to write to that gentleman for this auriscope, which some Frenchman had begun, but never completed. She did so, and M. Itard sent the instrument; at the same time stating that it had never been so far completed as to be useful, and even if perfect would be painful in its application, and quite enough to terrify any nervous person even in fixing it, as it would be necessary to cut the auricle in order to fix the hooks! This statement I had from Mrs. R. herself, and her husband, she having been occasionally a patient of mine for several years past.

In my work written in 1815, but, through constant professional occupation, not published until 1817, I gave directions

for examining the auditory passage most effectually, without the least pain to the patient, with a plate of the instrument; after the experience of eighteen years since I wrote that work, which was the result of several years previous consideration and practice, I am astonished at the ignorance which exists as to the inspection of the ear, because I have never made any secret of my method of exploring it; and Sir Henry Halford, on my one morning showing him the Duke of Wellington's ear, declared he had never seen so far into that organ on any former occasion, nor by any other method. What can therefore be the reason that people subject themselves to useless or painful methods? Probably it may be, that John Bull, who is a stange animal, likes nothing unless it has a little French taste about it; if so, Mr. Curtis caters wisely to suit this failing, by puffing his "auriscope." This propensity for French articles enters even into the amusements of some of our aristocracy, as will be seen by the following anecdote, which you may rely on as a fact. At a recent public breakfast, a lady approached a "very handsome man," the flageolet player of one of the fashionable bands which attend those assemblies, and observed, that the instrument he played was a most beautiful-toned one. She inquired from what maker in Paris he had had it. He in vain assured her for some time that it was English, she persisting that she could not be deceived in her judgment of its being French. When at length, however, she was convinced, she left him, apparently much displeased, declaring "that she should reprimand the conductor of the band, for presuming to introduce any flageolet *not French*."

I will, with your permission, resume the subject at the head of this paper, and give a case of a young lady who had a glass bead in her ear, of which Mr. Curtis declined to attempt the extraction, and recommended it should be suffered to remain where it was.

I am, Sir,
Your obedient servant,

W. Wright, Surgeon Aurist.

18, Sackville Street, Piccadilly,
April 20, 1833.

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Mere Power, blindfold and undiscerning as it is, may put unworthy men into places of medical trust and honour; but can it procure for them confidence, public esteem, character, or lasting reputation? —*John Bell.*

## LUXATION OF THE SHOULDER JOINT REDUCED BY THE NEW METHOD.

*To the Editor of* The Lancet.

Sir,—I transmit for insertion in your journal the following case of dislocation of the shoulder joint, treated after the new method detailed in a late Number of The Lancet in one of Baron Dupuytren's lectures.

—— Keys, Esq., a gentleman of fortune, residing in the neighbourhood of Birmingham, slipped down in the court-yard of his house, in consequence of stepping on some snow which had fallen on the pavement on the evening of the 22nd of March last. To save himself the right arm was extended, and being a very corpulent and heavy man, the shoulder, from the great force with which he fell, was dislocated downwards. Being called in, I found him supporting the fore-arm with the left hand, the shoulder presenting all the usual symptoms of a luxation into the axilla, with a severe and fixed pain at about the insertion of the deltoid muscle. Having placed him flat on his back on a bed, the fold of a strong roller towel was passed over the scapula and shoulder, the other end placed in the hands of the gardener at the foot of the bed, on the contrary side, who, bearing his weight on it, firmly fixed the scapula. Taking hold of the hand, I gently extended the forearm, and then slowly lifted up the arm, till it came in a line parallel with the axis of the body. Another assistant (a groom) at the head of the bed there held it, making some slight extension. The head of the humerus now presented itself very prominently in the axilla. Placing the fingers of both hands upon it, I pressed upwards, directing the groom to depress the extended arm slowly. When it had arrived from the perpendicular to the horizontal line, the head of the bone slipped into the socket with a noise. The usual treatment followed, and in a few weeks the patient was well.

This method seems to possess the advantages of being accomplished very quickly, with facility, and without pain. I should never, in future, think of resorting to the usual mode of extension by main force, till this plan had been fairly tried and had failed. I remain, Sir, your humble servant,

George Bodington.

Erdington, near Birmingham,
April 17th, 1833.

# Lancet Gallery
OF
# Medical Portraits.

## MR. LYNN.

WILLIAM LYNN, whose image appears on the accompanying page, senior surgeon of the Westminster Hospital, first inhaled the vital air at Sunderland, in the county of Durham, in the spring of 1753. His father was a wealthy currier in that port, and destined this, his second, son to pursue his own craft. Master WILLIAM was, accordingly, engaged in the trade for some years, but the occupation did not accord with his views. He aspired to the study of medicine and surgery, and his father was at length persuaded to allow the son to follow his ambitious impulses. The young aspirant was accordingly sent to London, in 1775, provided with an introduction to Dr. WARD, apothecary to the Westminster Hospital, who was chosen to superintend his professional education.

Mr. LYNN frequently recurs, with complacency, to his first arrival in the metropolis, in his auto-eulogical conversations. "I arrived in London," he will say, "late "in the evening. It poured with rain. "Yet I determined to deliver my creden- "tial before I slept, and I had to thread "my way through a labyrinth of sloppy, "filthy streets, until I arrived at this ob- "scure nook in Petty France. The apo- "thecary, my future master, received me "graciously, and our bargain was soon "concluded. I resided with him in this "old hospital for two years, and be- "came an adept at dispensing. Having "acquired a sufficient stock of pharma- "ceutical knowledge, I entered with "WILLIAM HUNTER, and his brother "JOHN, in Windmill Street, and stuck "very closely to my anatomy. Soon after, "I was appointed house-surgeon here, and "made use of the opportunities for dissec- "ting which that circumstance afforded "me. I was three years house-surgeon, "and my principal being lazy, and being "more anxious about the *Spanish*, than "about the performance of these duties, I "was suffered to perform several capital "operations, opportunities which I admit "I was not slow to seize. After this time "I assisted JOHN HUNTER for twelve "years, and I had some share in the for- "mation of his celebrated museum. In "particular, I supplied the greater part "of the preparations of the genus '*vermes*.' "Ha! in my time, surgeons did not run "after the '*Spanish*' as they do now; "they had some love of science, and "studied the *principles* of their profession; "but now the College and its members are "going to the devil as fast as they can, "and this hospital and its governors are "going after them; and, for my part, I "think, the sooner they are with him the "better. When things are come to the "worst they must mend. I say, you should "study principles as I did, and as JOHN "HUNTER directed. Look to the digestive "organs for the origin, and for the constant "provocation of all disease. The stomach, "I say, is the root of man, and if you "would eradicate any evil you must look "to the root of it. Well! That JOHN "HUNTER was a fine cretur, and I "worked with him for twelve years with- "out any remuneration. He often offered "to pay me, but I would not touch his "money,—content with the rich stores of "knowledge I derived from his conver- "sation. I assure you I never earned a "shilling in my profession until I was "turned of thirty."

Mr. LYNN first opened a surgical establishment in St. Martin's Lane, and early gained repute for the treatment of syphilitic affections, and acquired a good deal of country consultation practice, which was highly advantageous to his exchequer. In 1786, he was elected assistant-surgeon to the hospital in which he was educated, and soon attained the reputation of a first-rate operator. He was shortly afterwards appointed surgeon to the united parishes in the city of Westminster, and to the 1st Regiment of Foot Guards. During the war, he was employed by Government in the manufactory of army surgeons. These geniuses, upon importation from the country, were placed under Mr. LYNN's tuition for six months, and he gave them some general notions of anatomy, and particularly instructed them in the operations of surgery. This rapid promotion was soon followed by a high tide of reputation and practice, and the fame of Mr. LYNN, as an operator, became general. The early discipline to which he was subjected in practical anatomy, by his master, JOHN HUNTER, superadded to his natural dexterity, formed the basis of his success. His coolness and adroitness have never been surpassed, not even by his contemporary, Sir ASTLEY COOPER; and a few of his chirurgical feats will be remembered and admired as long as the cutting art is cultivated. He was the first surgeon in this country, or in Europe, or, we believe,

Wm Lyon

in the world, who tied the carotid artery in the living subject. The particulars of this operation appeared not long since in this Journal. He was particularly fortunate as a lithotomist, and on one occasion ingeniously applied the principle of the Taliacotian operation to the supply of a lower lip. This was some years afterwards imitated by Mr. HENRY EARLE, who applied the same principle in repairing a lacerated urethra. Mr. LYNN has filled the office of President to the College, and has been an examiner for many years. About ten years ago, he retired from private practice, and was succeeded (?) by his nephew. Mr. LYNN occasionally resides at his country-house, in Nightingale Lane, between Clapham and Wandsworth. His dwelling is constructed in the Gothic style, and resembles the chancel of a ruined abbey. The furniture and pleasure-grounds are in consistent style. He has always been an admirer of the fine arts, and was the intimate friend and patron of MORLAND and WARD, many of whose compositions now decorate his walls. He was also the early friend of that eccentric genius EMERY, so long a favourite with the lovers of the drama. EMERY was also a native of Sunderland, and was a tolerable proficient in painting, and some highly-treasured specimens of his skill are now possessed and exhibited by our chirurgical octogenarian. Mr. LYNN may be seen, every Wednesday and Saturday, in the wards of the Westminster Hospital, conversing after the garrulous fashion already described. Many useful practical hints, however, may be derived from his observations, although much obscured by the puerilities of age. As one of the Council of the College of Surgeons, Mr. LYNN has acted in that institution uniformly as the enemy of the whole commonalty; but as we have Mr. LYNN by the hand, and are now politely introducing him, bodily, to the readers of THE LANCET, we shall not scold on so interesting an occasion.

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## SALE OF THE EDINBURGH CLINICAL CHAIR OF SURGERY.

THE chair of clinical surgery in the University of Edinburgh has just been sold by Professor RUSSELL, ex-occupant, to Mr. SYME, surgeon of that city, a gentleman sufficiently well known to our readers to need no particular description of his qualifications for the new office. In what manner he came to be the purchaser, and what was the price at which he was a buyer, we will briefly detail. The circumstances have given rise to a not-unamusing correspondence, and the occasion affords us a good opportunity of showing our readers how the interests of students and medical science are bought and sold in the North. What are we to think, too, of a government which leagues itself voluntarily with, nay, which actually orders the arrangement of, a transaction so highly discreditable?

For the possession of the correspondence alluded to, we are indebted to the virtuous indignation of Mr. LISTON, Surgeon to the Edinburgh Infirmary, who, there seems the best reason to believe, would have had the chair to himself, had the price been moderate. This gentleman, however, missed his opportunity, allowed Mr. SYME to approach more near the aged seller's mark, and now speaks of the arrangement as highly "injurious to the interests of the public and the medical school of Edinburgh," though in what the injury exactly consists according to Mr. LISTON'S view of the matter, we do not know,—probably in the substitution of Mr. SYME for himself. The facts are these:—

One morning in the beginning of the present month (or thereabout), Mr. LISTON was horror-struck at seeing a paragraph in an Edinburgh newspaper, announcing that he had been negociating with Professor RUSSELL to resign the Chair of Clinical Surgery in favour of him, Mr. LISTON, on Professor Russell's having secured to him an annuity of 300*l.* for the remainder of his life, Mr. RUSSELL being now of a very advanced age. The author of the calumny, as Mr. LISTON considered the report of such a bargain-and-sale affair to be, was discovered in the person of Sir JOHN GIBSON CRAIG, advocate and professional adviser of Mr. RUSSELL. Mr. LISTON accordingly wrote the following brief note to Sir JOHN, dated Edinburgh, 99 George St. April 2, 1833:—

"Sir,—May I beg to be informed whether or not you at any time, either verbally or in writing, stated that I was willing to pay Professor Russell 300*l.* per annum, on my being appointed his successor? I am, &c. ROBERT LISTON.'

The reply must surprise those who are informed that Mr. LISTON has since assured Lord MELBOURNE, "most unequivocally," (the appointment now being made, and he most "anxious to set himself right, both with his Majesty's Government and with the public,") that he never expressed or entertained any willingness to become a party to any such job, "knowing that the feeling of the pro-

fession and the public in Scotland is altogether against such a species of traffic," which we are rejoiced to hear. However, Sir JOHN wrote back as follows:—"April 3rd. Sir,—Many months ago, Professor Russell called to say that Sir Robert Liston had been with him, and had expressed an anxious wish that the Professor should resign in your favour, in return for which he engaged that you should secure to him an annuity of 300*l.* during his life. Mr. Russell was desirous of making this arrangement, as there was a great probability that he could no longer continue the necessary exertions for the class. I had afterwards many communications with him upon the subject, and never having had the most distant reason for doubting the fact, I did say that you had been willing to pay Professor Russell 300*l.* per annum, on your being named his successor."—Mr. LISTON's back was forthwith up, and he wrote back word that "it was not true that he ever consented to any such arrangement." It unfortunately happens, that the party thus implicated in the proposal (Sir ROBERT) is not in his right mind, but, according to Mr. LISTON, has, "for a long time past, been unfit to attend to business of any kind." His evidence, therefore, as to the exact proposal, is unavailable. Mr. LISTON, however, made, in rejoinder, the following admission:—"I am aware that about two years since it was proposed that Mr. Russell should retire, and I was informed by Sir Robert Liston that he was in communication with the Professor on the subject. I never, however, heard that any terms so totally inconsistent with the welfare of the University and the dignity and usefulness of the Chair were proposed, and most assuredly I was no party to any such proposal, *if indeed it was ever made.* In November last, Mr. Russell spoke to me on the subject, and showed me a copy of a memorial which he had transmitted to the Secretary of State, containing a proposal that he should be allowed to retire, and continue to draw an annuity of 300*l.* from his successor. I at once replied, that I would be no party to any such transaction, and that I would not enter into any arrangement whatever, without the express sanction of the managers of the Royal Infirmary."—He then proceeds to rate Sir JOHN for manufacturing the report about the annuity, and sharply says, "I cannot understand how you could presume to make the statement which you now avow to have done, and which, if communicated to the Secretary of State, as may be fairly presumed it was, had an obvious tendency to *exclude competition*, and may have directly led to the appointment of the present professor, under conditions to which certainly I never could be induced to become a party."—What means Mr. LISTON when he speaks of "excluding competition?" Does he mean as to price, or as to talent? Surely when he opened his negotiations, the thought of a concours never crossed his mind. How honest is the reclamation when the auction is closed, and all bidders but one are shut out from possession of the lot put up for sale!

The auctioneer on the present occasion was Lord MELBOURNE, as Secretary of State, and his lordship's clerk was Mr. JEFFREY, the Lord Advocate, and ex-editor of the *Edinburgh Review*. How this came to be, will be learned from the following extract from a letter addressed by Mr. JEFFREY to Mr. LISTON, in reply. Mr. LISTON having heard that Mr. RUSSELL had actually vacated his seat, offered himself to Lord MELBOURNE in November last, as a candidate for "his lordship's recommendation to his Majesty," as the future professor, one of his claims being that of having delivered the greater share of the three last courses of lectures on clinical surgery, in conjunction with Professor RUSSELL. Mr. RUSSELL having actually resigned, as Mr. LISTON supposed, of course nothing was said (probably suspecting nothing was now necessary) respecting the price of the "vacant office." But Mr. JEFFREY undeceived Mr. LISTON in both respects. Mr. LISTON having "humbly requested the favourable consideration" of the Lord Advocate, as well as that of the Secretary of State, received back a letter which contained the following material paragraph:—"I shall willingly add my feeble testimony to your early and indisputable eminence in surgery; but it may not be improper for me to add, that I have reason to think not only that there is *no actual vacancy* in the chair of Clinical Surgery, but that there *may be none* such by *resignation*, unless the present incumbent is allowed to retain for his life—*a share of the emoluments*; not of course by any private arrangement with the successor, but by open stipulation in the appointment, as is provided by the act 49 George III. about the sale of offices." Mr. JEFFREY added to this:—"I think it right also to inform you, that Mr. SYME is a candidate for this situation. I mention this that you may suffer no prejudice in your *competition*, from a possible ignorance of it."

Mr. LISTON probably thought that Mr. SYME was some little surgeon from Lilliput, unworthy to be noticed as a "competitor" in the arena with the great

Athenian GULLIVER, for we do not find that he took any notice of this latter intimation; but the end was, that "Act 49 of GEORGE III. about the sale of offices," came to be put in force for the benefit of "SYME, dealer in Clinical Surgery, successor to J. RUSSELL," instead of "R. LISTON, removed from 99, George-street."

In a day or two after the letters had passed between Mr. LISTON and Sir JOHN CRAIG, Mr. RUSSELL and Mr. LISTON had a turn. We transcribe some passages from the correspondence, that any gentleman who may be about to compile a "Complete Medical Letter-writer," may have an opportunity of increasing his stock of specimens in the "muck-and-tilt" style.

*Mr.* RUSSELL *to Mr.* LISTON.

"EDINBURGH, 5TH APRIL, 1833.—Sir,—I was surprised to see it stated in a letter from you to Sir J. Craig, that you had never authorised any person to say that you had been willing to pay me 300*l.* a year on your being named my successor. Towards the end of the year 1831, Sir Robert Liston came to me at the Infirmary, and said that he had come, *at your desire*, to ask if I would resign my Professorship in your favour. I had never before thought of doing so; but, I said, that, *on proper terms*, I would be inclined to resign. Sir Robert mentioned 300*l.* a year for my life, to which I agreed. I afterwards had several meetings with you, when *we talked over the proposal, and the mode of carrying it into execution.* You never gave the most remote hint that you disapproved of the terms Sir Robert Liston had proposed. On the contrary, the whole tenor of what passed was a complete approbation of them. I then communicated the proposal to my professional adviser, Sir James Gibson Graig, who informed me that no *private* agreement of the kind could be made, as there was an Act of Parliament, voiding any appointment made on a resignation of office, if the terms on which the resignation was made were not specially set forth in the new commission. All idea of a private agreement was therefore abandoned. I then wished to have you appointed my assistant and successor, but this could not be accomplished. Thereafter I gave in a petition praying to be allowed to resign, my successor being bound to pay me 300*l.* a year during my life, in consideration of my having established the Class—having taught it for forty-six years, and my being in the 80th year of my age. As soon as I gave in the petition, I showed you a copy of it, when you said, very vaguely, you did not recollect the terms on which it had been proposed that I should resign. * * * Did you expect that I was to resign in your favour the salary of 100*l.* a year, and the perquisites of the class of which I was in the full possession, without any consideration?—I am, &c. JAS. RUSSELL."

*Mr.* LISTON *to Mr.* RUSSELL.

"99, GEORGE-STREET, APRIL 5, 1833.—Sir,—Unfortunately, Sir Robert Liston is not in a situation to be referred to, otherwise he must have been able to contradict the extraordinary allegation that he had ever communicated to you, under my authority or with my knowledge, that I was willing to allow you 300*l.* a year. You do not say that I ever directly made any such statement to you, myself; and *it is not true that you ever mentioned to me that Sir Robert had done so on my behalf*, or, *that any such proposal was the subject of conversation between us.* I am in no way responsible for the expectations formed by you. I am much surprised at the remark, that all idea of a private agreement was abandoned; seeing that in consequence of the arrangement which has now been concluded with Mr. Syme, the appointment has taken place under a commission, setting forth, as I understand, an arrangement of precisely the same import. I never before heard of your wish to have me appointed your assistant and successor, and I know no reason why this could not have been accomplished, had the desire been mutually entertained. I remember that you showed me the petition to which you refer, and I must take the liberty of reminding you, that both on that occasion, and on another soon after, I most distinctly stated to you, that *I would not accede to the terms proposed*, nor to any terms whatever, *without the sanction* of the Managers of the Royal Infirmary.—I am, Sir, &c. ROBERT LISTON."

Mr. RUSSELL writes back,—"I am very unwilling to continue a correspondence which must be disagreeable to you as well as to me, but I must say, that I cannot be mistaken as to what passed both with Sir Robert Liston and yourself. How can it be supposed, that if the proposal had not been made by Sir Robert, and agreed to by you, I should have gone to Sir James Gibson Craig to consult him as to what was necessary to be done for securing my interest? He also informs Mr. L., with great innocence of manner as regards the fact which we underline:—"You, and, I believe, another, also applied; and, after *the fullest consideration of the claims of all*, his Majesty was advised to appoint Mr. Syme."

Mr. LISTON then ended the correspondence with "the toss haughty":—"I am surprised," he says (April 6), "that you persist in a correspondence, which, I think,

was originally uncalled for on your part. I beg to repeat, that I never authorised Sir Robert Liston to make any offer to you of the description to which alone the communications betwixt Sir J. Craig and me relate, *nor do I believe that Sir Robert ever made any proposal of the nature referred to.* No candid person can come to the conclusion, that the present appointment has been carried through, *after fair and open competition* (!!) The statement in the newspapers was obviously intended to induce the public to believe that this had been the case. In so far as I am concerned, that statement was entirely false."

Mr. LISTON has lost his temper as well as the chair, and, from what we have learned of his style of lecturing, it is not probable that the students will participate in those disadvantages under which he considers himself to be labouring.

When this vile system of bartering in the conducting of medical appointments will terminate we know not; but, disgraceful under all governments, its sanction by the present is especially repugnant to every feeling of propriety and fair dealing—is insulting to men of genius—and a foul mockery of those ministerial professions which hold out an honourable and profitable reward to acknowledged merit.

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## ORIGIN OF THE SELF-SUPPORTING DISPENSARIES.

*To the Editor of* THE LANCET.

SIR,—The following comparative statement of dates and extracts from my own and Mr. Yeatman's publications, I trust are sufficient to prove the incorrectness of the charges you have brought against me in your Journal of March 30, 1833. I should have replied instantly, but have had some difficulty in finding Mr. Yeatman's pamphlet.

*October 16th*, 1817.

Mr. Smith published and distributed 1200 prospectuses of an infirmary, with the following title:—

"Prospectus of an Establishment of the Nature of an Infirmary on a small Scale, and at a moderate Expense, at Southam, in the County of Warwick."

It concludes with the following "remarks," which I will thank you to insert on account of their practical character:—

"*Remarks.*—The sum of eighty pounds would be adequate to the establishment of the institution, and an annual income of the same amount fully sufficient for its support. The *primary expenses* would be the furnishing of three rooms in a small house, a vapour-bath, a galvanic trough, electric apparatus, some few instruments, &c.—The *annual expenses*—the rent of a small house, out-lodgings, medicine, and stationery. *It is presumed that parishes would allow the poor their subsistence*, and it is very probable that, where they had reaped the benefit of the institution, they would contribute something towards its expenses.—*Southam, Oct.* 16, 1817."

*March 6th*, 1818.

Mr. Yeatman published three small tracts in one pamphlet with the following title:—

"Remarks on the Medical Care of Parochial Poor, with a few Observations on the Improvement of Poor-houses, and on the necessity of establishing Small Infirmaries in Populous Towns."

Of which the following is an extract:—

"Now, the proper means can only be found in the establishment of small infirmaries, where medicine, diet, good air, cleanliness, moral care, and strict observance of the directions laid down by surgeons, are combined for the cure of large bodies of the sick. Dispensaries are extremely useful in cities, where infirmaries are also founded; but as in country towns the poor cannot be attended at their own habitations, without being subjected to those numerous privations which retard the cure of their maladies, and grievously distress them; so the latter alone can supply their wants during sickness, or when labouring under the effects of bodily injury.

"It may be imagined, that although in cities and many country towns, infirmaries are absolutely necessary, this necessity is superseded in other places; but the important benefit of hospitals can only be dispensed, with a few exceptions, to the numerous poor residing in their immediate vicinity; besides this, every large town is capable of filling the wards of a small infirmary, and demands one proportionate to its population.

"It may be said, that an infirmary cannot be built and supported, unless it be made a city or county affair of. Such establishments, however, might be begun by renting a house or two, and providing for as many sick as a liberal subscription might support, relying on their immense utility for increased subscriptions and legacies, and donations, which, in a few years, would be found adequate to the erection and support of a small infirmary. Nor is it by any means improbable, that government, alive as it is to the interest of the poor, will lend a helping hand in building them. The great mass of the lower orders also, by very trifling subscriptions, may produce, in the aggregate, a sum of no small amount towards their annual support."

Nearly two years before my "remarks" were published, a few benevolent persons had paid rent at my request for several poor patients in Southam; and in 1818, I had an infirmary with fourteen beds full of patients under my care, which cost upwards of a thousand pounds; thus I had, both in theory and practice, anticipated his views, for I had begun by "renting" rooms, and without waiting for the time when the "*government would be alive to the interest of the poor.*" I had, although a young man, and almost a stranger in the county, relied on its "immense utility" for increased subscriptions and donations, and I have not been disappointed.

Government may in time be alive, and "lend a helping hand." In the interval, some of that fox-hunting, horse-racing portion of the community, which you, Mr. Editor (possibly, from a more intimate acquaintance with country matters than I can boast of), speak of as comprehending the country gentlemen, can testify from observation and experience of their "*immense utility*" in various parts of the kingdom.

It is therefore impossible that I can have acknowledged any obligation to Mr. Yeatman. I have been visited by many, very many strangers, who sought information on this subject; and whatever I may have said of Mr. Yeatman, if *privately*, was not said *secretly*, and I feel too strong in my own right intentions, and clear knowledge of this field of philanthropic inquiry, to fear any disclosure.

It is not my intention in this letter to descend into arguments or details respecting institutions, the good results of which I am witnessing, and am satisfied are doing "*immense*" good, notwithstanding the misrepresentation which prejudice or ignorance may allege against them.

I am, Sir, yours, &c.,

H. L. Smith,
Surgeon, Southam.

April 21, 1833.

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### MR. GOOCH'S REJOINDER TO MR. WHITLAW.

*To the Editor of* The Lancet.

Sir,—Will you allow me a small space to correct a few of the errors in Mr. Whitlaw's answer (No. 503, April 20th). In the first place, he says, "Mr. Gooch asserts, that until he brought it thence, it was unknown in this country." Now I never asserted or meant to insinuate any such thing, because, before my return from North America, the efficacy of the lobelia in spasmodic asthmas had been proclaimed (I believe) in the Edinburgh Journal; and as I am neither a vender of medicines nor a private practitioner, my only object in procuring a small quantity of the plant, was to benefit some private friends. As to there being no such place as "Apothecaries Hall" in Boston, I am neither able to affirm or deny it, never having been in that city. I only know that my friend remarked to me, "As you wished me to procure a genuine specimen of the lobelia, I bought it at Apothecaries Hall, and therefore you may depend on it;" and I perfectly recollect that the envelop was impressed with the seals and stamped in red letters, "From Apothecaries Hall, Boston." Further this deponent knoweth not, nor careth. Had not Mr. Whitlaw, under the garb of philanthropy, attempted to puff his medicine, I should never have noticed his letter; and I think I am justified in saying this much, when you cut him short by—"The remainder of this letter is an advertisement.—Ed. L." vide No. 495, page 692, Lancet, 23rd February last. Does not this imply, "Come, Mr. Whitlaw, *down with the dust*, if you want to advertise your medicine, and we will put it on the cover for you, but it won't do here." I am, Sir, yours,

J. Gooch, Surgeon R. N.

23rd April, 1833.

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## HOSPITAL COCHIN, AND HOTEL DIEU, PARIS.

### ATTEMPTS TO DEPRECIATE SIR CHARLES BELL'S DISCOVERIES.—GIRARD'S CASE. PRESSURE OF HYDATID CYSTS ON VARIOUS NERVES.*

A case has recently presented itself in one of the Parisian hospitals which confirms, in a very remarkable manner, the correctness of the views first put forward by Sir Charles Bell, on the physiology of a certain portion of the nervous system. It is curious to observe how the French endeavour, either, on the one hand, to claim for themselves the merit of Sir C. Bell's discoveries or, on the other, to

* Subsequent to our translation of the case drawn up by M. Montault, and published at page 105 of our last number, we received the present account of the same singular and highly interesting case from one of our reporters in the French capital, drawn up from his own observations and enquiries. The gentleman who has furnished it, is, however, so particularly competent to the physiological task he has undertaken, that we are unwilling to keep back his paper, even at the risk, in inserting amongst our hospital reports, of repeating the main facts which that of M. Montault contained. The additional authentication will not, we are sure, be regretted or complained of by our readers.—Ed. L.

depreciate their value by experiments which bear no relation to the subject, or by observations which, if justly estimated, would confirm rather than weaken the doctrine of respiratory nerves.

The frequenters of the museum at the *Ecole de Médecine* have probably observed a preparation made by M. Breschet, the head of the anatomical department, in order, as M. Breschet conceives, to overthrow the conclusions of the British physiologist. The preparation consists of the left portion of a horse's head, with the facial branches of the fifth, and the portio dura, carefully dissected, especially where they anastomose; it bears the following inscription:—

"*Preparation made after a New Method.*

"*This preparation has been made in order to show the anastomosis of the fifth nerve with the facial,—an anastomosis which proves that the nervous branches of the face are composed of the fusion of these two nerves. In consequence of this fusion, the experiments of Charles Bell cannot be adduced in support of the theory which admits different functions to the 7th and to the facial branches of the 5th nerve. C. Bell always cut the nerves before these anastomoses had been formed between the nerves.*"

Such is the preparation and its object, on which it is not necessary at present to comment. The following case is an excellent illustration of the general correctness of Sir C. Bell's views.

On the 20th of December 1832, there entered at the *Hospital Cochin* under the care of M. Gendrin, a man named Girard, 33 years of age, by occupation a weaver. The state of this patient was very miserable; he complained of violent pain in the back of his neck; his voice was almost lost; deglutition was performed with the greatest difficulty. In fact, he required a space of several hours to swallow the small portion of broth, the only nourishment he could take. In addition to these, the sensibility of the body at the left side was considerably diminished. In this condition the patient remained until the 12th of January 1833, when he suddenly fell dead while endeavouring to swallow some soup.

The previous history of the patient—which we have derived from Baron Dupuytren—is as follows:—In the month of November 1831, the patient was received into the *Hôtel Dieu*, under the Baron, and gave the following account of his sufferings. About three years before that period, while working in a low and damp situation on the ground floor, he was seized with a violent pain in the back of the head at the left side, which prevented any movement of the head, and completely deprived him of sleep. At the Hospital Cochin, the origin of this pain was attributed to a fall on the back of the neck; but while at the Hôtel Dieu, the patient made no mention of a fall. After five or six days the pains descended, and fixed in the upper and back part of the neck, at the left side. They were so violent as to prevent any of the usual motions of the head. The head could indeed be moved slightly on the whole of the cervical column; but any flexion which remained, was performed between the first and second cervical vertebræ, while rotation was performed between the first cervical vertebra and the occiput.

These accidents were quickly followed by a difficulty of speaking, which was at first slight, but gradually augmented to such a degree, that in six weeks or two months' time, the patient could not make himself heard by the by-standers. He says, that in endeavouring to articulate, the air passes towards the left side of the tongue with a hissing kind of noise. At this time also he felt some pain at the angle of the lower jaw, and the cheek, on the left side, but the muscles were never affected with the slightest degree of paralysis.

Besides these, another symptom, not less extraordinary, began to manifest itself. The tongue of the patient began to diminish gradually, on the left side only, and the atrophy made such progress, that at the time of the patient's entry into the Hôtel Dieu, it was utterly wasted away. On the left side there was nothing left but the membranes of the tongue, folded on one another, which might be compressed between the fingers, without giving any sensation of an intermediate substance. The atrophy was most considerable at the anterior and middle portions of the tongue. During the early period of the disease, the patient was entirely deprived of the power to articulate, but shortly after his admission he was able to speak clearly and distinctly, as if nothing were the matter—another proof, as M. Dupuytren remarked, of the fact that we can speak well enough with the lateral half of the tongue, the posterior half, a third, a fourth, or even a stump that one can scarcely see. In the present case it only required a little time for the man to educate his tongue, under the new circumstances, and he was able to speak well enough. The changes which might have happened in the sense of taste were examined. Four substances, sugar, an acid, sulphate of quinine, and muriate of soda, were dissolved in water, and experiments were first made upon some of the pupils with these substances; it was

observed, that when they were placed on the tip of the tongue, held out immoveable, scarcely any flavour was perceived, but when applied to the middle or base of the tongue, they were instantly recognised. Similar experiments were repeated on the patient, and it was found, that although he did not perceive much taste at the tip, yet the different flavours were readily distinguished by the middle or base of the tongue at the left side; consequently the sense of taste was not injured in the atrophied portion of the tongue.

From a consideration of the foregoing symptoms, and also from the circumstance, that the pain originally felt was external,—that the intellectual functions were never disturbed,—that there was no alteration in the function of motion—no paralysis of the muscles which derive their nerves from the brain or spinal marrow,—M. Dupuytren concluded that the ninth or hypoglossal nerve of the left side, which is distributed to the muscles of the tongue, was injured or compressed, not at its origin within the skull, but where it passes out through its foramen. From the moist situation of the place in which the patient was accustomed to work, M. Dupuytren conceived the pressure on the nerve to arise most probably from a rheumatic affection of the ligaments which connect the upper cervical vertebra with the head. He accordingly ordered four ounces of blood to be drawn by cupping behind the ears on either side, and that this operation should be repeated if the patient received no benefit from the first bleeding. This and various other means were applied in vain; the patient left the hospital several times and returned again, and at last entered under the care of M. Gendrin at the Cochin, where, as we remarked before, he suddenly died.

*Examination of the Body.*

The skull, brain, and membranes, were perfectly healthy, the ventricles contained a quantity of limpid fluid. On examining the base of the brain at the left side, there was found between the left hemisphere of the cerebellum, and the upper part of the medulla oblongata, which was somewhat pushed to the right side, a large cyst, as big as a hen's egg, containing a quantity of hydatids and some serum. This cyst, which did not adhere to the surrounding membranes, furnished a kind of appendix, which projected into the anterior condyloid foramen. From the base of the large cyst, a second appendix extended into the anterior portion of the foramen lacerum posterius, where the nerves are situated, traversed this foramen, made its way under the muscles attached to the transverse processes, and formed a projecting tumour near the angle formed by the complexus and sterno-cleido mastoid muscles. The lingual nerve was perfectly healthy on both sides; the eighth nerve (including the vagus, spinal accessory, and glosso-pharyngeal) of the left side was also uninjured. The left hypoglossal was sound, from its origin to its exit, but after its passage through the anterior condyloid foramen, this nerve (as Baron Dupuytren had prognosticated) was atrophied to its last branches in the tongue; in fact, it was not larger than one-third of the nerve of the right side. The nerves which pass through the foramen lacerum posterius seemed also to have suffered compression from the cyst, which filled the anterior portion of this foramen; but the glosso-pharyngeal alone seemed to be reduced in volume; it had lost one-third of its usual size.

The pressure exercised by the cyst was so great as to destroy the osseous septum which usually separates the nerves from the vessels, and to enlarge the anterior portion of the foramen, by causing absorption of its walls.

On the left side the muscles of the tongue and of the velum palati were completely wasted away; the cavity of the pharynx was reduced so much, as barely to receive the little-finger, but was not altered in structure; the œsophagus was perfectly healthy.

The ventricles of the larynx were filled with the broth which the patient had swallowed just before his death, and it was found that some had penetrated into the bronchi, thus explaining the suddenness of the accident. The chorda vocalis, on the left side, was atrophied.

M. Bouillaud, who read a report on the above case to the *Academy of Medicine*, drew from it the following physiological conclusions:—

1st. The great difficulty of articulation is to be attributed to the pressure exercised on the glosso-pharyngeal nerve.

2nd. The wasting of the tongue at the left side, while the sense of taste remained perfect, is readily explained by the atrophy of the ninth nerve, and the healthy state of the lingual branch of the fifth on the left side.

3rd. The atrophy of the glosso-pharyngeal nerve explains the difficulty of deglutition.

4th. The pressure exercised on the trunk of the pneumo-gastric nerve, by the appendix which extended into the jugular foramen, gave rise to the atrophy observed in the velum, and the left chorda vocalis, and to the paralysis of the glottis, which was the immediate cause of death.

## HOPITAL ST. LOUIS, PARIS.

### HYDROCELE OF THE TUNICA VAGINALIS: INJECTION OF AN ASTRINGENT FLUID INTO THE CELLULAR TISSUE.

Amongst the accidents which sometimes follow the operation of hydrocele by the method of injection, one of the most serious is the infiltration of the injected liquid into the cellular tissue. This happens where the canula of the trochar, not sufficiently plunged into the tumour, is abandoned by the tunica vaginalis when all the serum is discharged, so that the urine, instead of entering the tumour, is infiltrated into the cellular tissue, and there determines intense inflammation, followed by suppuration, and often by gangrene also.

An accident of this kind occurred to a patient, Salle S. Augustin, No. 37. He is a man ætat. 49, of good constitution but lymphatic temperament. He had for six years laboured under a voluminous hydrocele, which he had recently decided to have operated on. It appears that at the moment of injection, either the surgeon did not follow with the canula the retractatory movement which the scrotum experiences at the moment the liquid is evacuated, or else the patient drew himself back; however, the extremity of the instrument entered the cellular tissue, the liquid was injected into it, and the consequences were such as might be expected. Fluctuation being apparent, M. Jobert plunged repeatedly and deeply a bistoury into the scrotum, which was nearly tripled in size. A great discharge of pus took place. A portion of the sac of the tunica vaginalis, thickened almost to a fibrinous consistence, was removed, and the patient is now (eight days after the operation) in an extremely satisfactory state.—*Gazette des Hopitaux.*

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* A most improper and bungling prescription. See Lugol's Treatise on Iodine, for information on these details.—Ed. L.

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## CORRESPONDENTS, &c.

In a few days will be published, Observations on the Illusions of the Insane, and the Medico-Legal Question of their Confinement. Translated from the French of M. Esquirol. By William Liddell, Esq., M.R.C.S.

*Dr. Hume* has forwarded to us a polite note, in which he has requested us to state, that he is not a member of the Conservative Club. It is the Dr. Hume who belongs to the establishment of the Duke of Wellington who is a member of that respectable body.

In order to protect ourselves against a disgraceful species of imposition which is too frequently practised on public journalists, we have been under the necessity of directing our publisher positively to decline receiving either letters or parcels, unless they reach the office postage or carriage paid.

*An Assistant afloat.* The facts already published ought to effect an alteration in the scandalous arrangement.

*J. P. L.* sent us, long since, from Paris, half a case. Is the other half to be transmitted, or is the present portion to be destroyed?

*Students* should adopt some more direct mode of collecting the opinion of his fellow students on the proposal in question, if he hopes to effect any good. Our pages shall be open to any account of their proceedings.

If *A. Z.* will refer to the 29th section of the Act, he will there find these words: "That all the privileges shall be enjoyed OTHER THAN AND EXCEPT such as shall or may have been altered, varied, or amended, in and by this Act" And then, speaking of the immunities again, it says, that the colleges shall enjoy them as heretofore, SAVE AND EXCEPT AS AFORESAID.

We heartily congratulate *Mr. Webb* of Islington on his cure, but cannot publish his letter, though we have no doubt it contains a statement of facts, and that the accompanying eulogium is well merited.

We beg *Mr. G.*, of C., to feel assured, that nothing was further from our intention in the decision on his paper, than to hurt his feelings. The operation did him the highest credit, but it was neither a new one, nor performed on a very striking occasion, although in that part of the country it appears to be rare,—in fact, unjustifiably neglected when circumstances (happily also very rare, it would seem) occur to demand its employment. Justice to the great mass of our readers, however (to whom the merits of such an operation as the one in question must be already well known), requires us to make such a decision as we did on the above occasion, even at the risk of offending a valued contributor,—at all times a source of regret to an impartial journalist.

*Griffin.* Mr. —— is the same gentleman whom his brother-in-law used to address as "Allick, my man," and the Bats one and all said, that Allick's cause was theirs. Thus arose the struggle.

The remarks of *Scarificator* are very just, but do not demand publication.

*Mr. Booth's* paper, or something very like it, has already appeared in print in one or more journals.

If *Dr. K.* effects any cures in this country, and will forward authenticated details of them, they shall have our attention.

We quite agree with *Mr. De Lande*, dentist, of Liverpool, when he says, "that the only safe, uncorroding, and permanent stopping of decayed teeth, is virgin gold. Nothing has as yet been discovered, or perhaps ever will be, surpassing or equalling the plugging or stopping with gold. Well applied it will last for years, and it is greatly to be regretted that the public are so much abused by the vaunted cements, and other vile mixtures, of modern times.

We did not receive any letter from *Dr. C. of S.* prior to the one dated April 16th. Two only came to hand, 16th and 20th.

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Erratum. — In Dr. Clanny's paper, page 73, in the preparation for the acid drop, for "seme drachmam" read "seme unciam."